

African Exclusive, Inc

920 Oak Street Sugar Grove, Illinois 60554 TEL: 630.466.0301 FAX: 630.466.0304 EMAIL: info@safariline.net

VISA/MASTERCARD/AMEX CREDIT CARD AUTHORIZATION

In lieu of my credit card imprint, I				
	(Name of cardholder as shown on credit card)			
hereby authorize				
(Issuin _a	g Carrier / Travel Agenc	y Name)		
to charge my	Name: Visa, MasterCard,	Amonio an E		
(Creau Cara I	vame. visa, masierCara,	American E	(xpress)	
(Credit Card Number)	(Expira	tion Date)	(Security Code –on back panel)	
In the amount of \$	for payment of transportation for myself and/or			
(Full name(s) of passengers(s) if o	other than cardholder)			
By signing below, I acknowledge charges d payments in accordance with standard polic hereon and acknowledge there is no relation and Safariline/African Exclusive	cy of company issuing car	rd. I agree that	at I will pay for all purchases	
X,		_,		
X,,	(Date)	(Tel	lephone) home / work	
My billing address:				
(Street)) (City)	(State / Z	ip Code)	
Email:				
NOTE: Identification is require back) and passport (pic		otostat cop	y of the credit card (front &	
TRAVEL AGENCY VALIDATION: Travel Agency:	Travel Agents Na	nme:		
This form must be submitted to Safariline p statements shall be considered sufficient ca credit card charges and fees. Fax for faste	use for denial. Travel ag r service to: 630 466 03	ency accepts		
SAFARILINE USE ONLY;				
Invoice # :		CID #:		
Date :				
Approval #:	B	Batch #		