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 _____
(Issuing Carrier / Travel Agency Name)

to charge my _____
(Credit Card Name: Visa, MasterCard, American Express, Discover Card)

_____ _____ _____
(Credit Card Number) *(Expiration Date)* *(Security Code –on back panel)*

In the amount of $_____ for payment of tour, transportation and/or merchandise for myself and/or

_____
(Full name(s) of passengers(s) if other than cardholder)

By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. I agree that I will pay for all purchases hereon and acknowledge there is no relationship between the services provided by above mentioned travel agency and Safariline/African Exclusive

X_____, _____, _____
(Signature of Cardholder) (Date) (Telephone) home / work

My billing address: _____ _____
(Street) *(City)* *(State / Zip Code)*

Email: _____

NOTE: Identification is required. Please provide photostat copy of the credit card (front & back) and passport (picture page).

TRAVEL AGENCY VALIDATION:
Travel Agency:_____ Travel Agents Name: _____

This form must be submitted to Safariline prior to ticket or document issuance. Incomplete information or false statements shall be considered sufficient cause for denial. Travel agency accepts full responsible for any and all credit card charges and fees. **Fax for faster service to: 630 466 0304**

SAFARILINE USE ONLY;
Invoice # :_____ CID #: _____

Date :_____ TID #: _____

Approval #: _____ Batch # _____