

MAIELLA TRAVEL SERVICES

PRINT OR TYPE ALL INFORMATION AS REQUESTED AND PROVIDE A PHOTOSTAT COPY OF THE CREDIT CARD (front and back) And DRIVERS LICENSE OR PASSPORT OF THE CARDHOLDER OTHERWISE THIS FORM WILL NOT BE ACCETED.

NOTE : THIS FORM MUST CONTAIN THE CARDHOLDERS ORIGINAL SIGNATURE.

FAX BACK TO : 1 919 341 2753 ATN: Admon

AUTHORIZATION FORM TO CHARGE A CREDIT CARD

CHECK ONE

AMERICAN EXPRESS

DISCOVER

MASTER CARD

VISA

CARDHOLDER NAME: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____

CARDHOLDERS HOME PHONE: _____

CARDHOLDERS WORK PHONE: _____

CARDHOLDER SIGNATURE: _____

DATE: _____

I, _____ AUTHORIZE MAIELLA TRAVEL SERVICES

TO CHARGE \$ _____

STORE AGENT SIGNATURE

DATE :