

: A.T.SEASONS AND VACATIONS TRAVEL PVT.LTD. :



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I give authority to A.T.SEASONS AND VACATIONS TRAVEL PVT.LTD. to charge my below card being the cost of Hotel accommodation provided to Mr. / Mrs.

Card type:	Master / Visa
1. Card Number	
2. Expiry Date	
3. CVV 2/CVC 2 (03 digit security code)	
4. Cardholder Name	
5. Bank Name	
6. Date Of Birth	
7. Mother's Maiden Name (MMN)	
8. Billing Address with Postal Code	
9. Residence Telephone Number	
10. Passport Number-	
11. Amount in USD/INR	
12. Amount in words	

>-Note: Please fax / e-mail a photocopy of your Credit Card (front and back), and a photocopy of the card holder's Passport to

Fax: 011-43061662

E-mail: visitsindia@vsnl.net ; visitsindia@gmail.com along with this form.

In lieu of my credit card imprint, I..... hereby authorize "A.T.SEASONS AND VACATION TRAVEL PVT. LTD." to charge my above Credit Card for the amount shown above. By signing below, I acknowledge the charges described above. I understand that the above amount is subject to cancellation policies, which have been understood by me and undertake not to take a charge back for the above amount.

Card Holder's Signature

Date