



益川旅行社
SAGITTA TRAVEL AGENCY



12-13 Little Newport Street, London, England WC2
TEL : 08700 77 88 88 FAX : 08700 77 52 88

FROM:	DATE:	SAGITTA REF(LOCATOR):
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CREDIT / CHARGE CARD

CLIENT / CARDHOLDER'S AUTHORISATION to Sagitta Travel Agency

I hereby authorise Sagitta Travel Agency to charge my credit / charge card with the following amount:

Amount (in figures) :	
Amount (in words) :	
Card number :	
Expiry date :	
Signature:	X
	Date:
Name of the cardholder :	
Address of the cardholder : BILLING ADDRESS:	
EMAIL ADDRESS:	
Daytime telephone :	
Fax :	

Please complete in BLOCK CAPITALS and FAX 08700 77 88 88 back to Sagitta Travel Agency
A separate authorisation form is required for each credit card being used.

Description of transaction

Passenger Name(s):				
<i>DEPARTURE DATE</i>	<i>FLIGHT NO.</i>	<i>DESTINATION</i>	<i>DEPT TIME</i>	<i>ARR TIME</i>

I _____ authorise Sagitta Travel Agency to charge my card.
(PRINT NAME)

for the above passenger (s) to travel to (_____) on a single / return
journey by (_____).

Signature: X _____ Date: _____

Please check and fill in all the details and fax back to us as soon as possible.

PLEASE CHECK ALL DETAIL ARE CORRECT.

DEPOSIT ARE NON REFUNDABLE AND NON TRANFERABLE.

**IF YOU DO NOT RETURN THIS FAX WITHIN 24HOURS WE HAVE THE RIGHTS
TO CANCEL YOUR BOOKING WITHOUT ANY NOTICE.**