

## AUTHORIZATION FORM

### NAME & ADDRESS OF TRAVEL AGENT

AL FUTTAIM TRAVEL  
P O BOX : 7880,  
DUBAI,  
UAE.

I hereby authorized the above company to charge for any travel services requested by me or my authorized proxy by phone / fax / e-mail or letter to my credit card account as per the details mentioned bellow.

AMOUNT IN AED : \_\_\_\_\_

CARDHOLDER'S NAME : \_\_\_\_\_

CARD NUMBER : \_\_\_\_\_

EXPIRY DATE : \_\_\_\_\_

BILLING ADDRESS : \_\_\_\_\_

SERVICES PROVIDED TO : \_\_\_\_\_

TYPE OF TRAVEL SERVICES : \_\_\_\_\_

DATE : \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

CARD TYPE

VISA

MASTER

AMEX

FRONT SIDE OF THE CARD

BACK SIDE OF THE CARD

**IF ANY ALTERATION OR MANIPULATION OF THE ABOVE DATA IS MADE THIS FORM WILL NOT BE VALID**

**Please Fax this form to: + 971 4 2942746**

General Sales agents:

