

CREDIT/DEBIT CARD AUTHORIZATION FORM

I

(Name of card holder as shown on the credit card)

I hereby authorize AMERILANKA TRAVELS to charge my credit card

Number

Expiration date Security code

In the amount of: $

My postal address is

My phone number is Cell:

By signing below. I acknowledge described hereon payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card.

Signature of card holder Name printed on the card