

VIHARA TRAVELS & SERVICES LLC

16 NORWALK AV, STATEN ISLAND, NEW YORK, 10314 Tel: 347-512-7621 Fax: 347-252-0203

(Please print this form and fax or email to us)

In lieu of credit card imprint, I _____ (Name as shown in Credit Card)

Hereby authorize _____ (Name of Carrier)

Charge these to my _____ (Name of Credit Card)

Credit Card # _____ , Exp. Date: _____

In the amount of \$ _____

For the payment of transportation of myself or _____ (Full Name of Passenger)

My Billing address is:

Telephone Numbers:

Note: Please provide clear copies of credit card (front & back), and drivers license, and proof of billing if different from drivers license.

By Signing below, I acknowledge the charges described above. Payment in full to made when billed or in extended payment. In accordance with standard policy of company issuing the card, I acknowledge that the tickets are non-refundable.

X _____
Signature of Card Holder

Date