

VIHARA TRAVELS & SERVICES LLC

Suite B-104, 3994 Richmond Av, S.I, NY 10312 Tel: 347-512-7621 Fax: 347-694-8207

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

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

Hereby authorize _____ (Name of Carrier)

Charge these to my _____ (Name of Credit Card)

Credit Card # _____ Exp. Date: _____ CVC code _____

In the amount of \$ _____

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

My Billing address is:	Telephone Nos. in USA:	Telephone Nos. in SriLanka , India, etc
_____	_____	_____
_____	_____	_____

Note: Please provide clear copies of passport photo page, credit card (front & back), and driver's license, and proof of billing if different from driver's 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