

VIHARA TRAVELS & SERVICES LLC

1765 Victory Boulevard, Floor # 2, Staten Island, New York

Tel: 800-880-2335 **Fax:** 1866-367-8599

(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 # _____ Expiration Date: _____ CVC Code: _____

In the amount of \$ _____

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

My Billing Address is

Telephone Numbers in the US

Telephone Numbers in Sri Lanka

Note: Please provide clear copies of 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