

**VIHARA TRAVELS & SERVICES LLC**

**34 Dayton Ave Etobicoke ON M8Z3L7 Tel: 1800-880-2335 Toll Free Fax: 1800-880-2335**

(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: \_\_\_\_\_

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 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