

Credit Card Information Form

Please print the completed form, **sign it** and return to process payment.
You can Fax to (868) 623-3341 or Scan and email.

Date:

To: Travel Network In. Ltd.
9 Colville Street, Woodbrook, Port of Spain
Fax: (868) 623-3341

This is your authorization to debit my credit card for fare charges related to:

Passenger's First Name:

Passenger's Last Name:

Amount to be debited: **TTS**

My Billing details are: *Credit Card Type:* Visa MasterCard

Last 4 digits:

Cardholder's Name:

*Cardholder's **Billing** Address:*

Cardholder's Home Tel: *Business Tel:*

PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AS REFLECTED IN APPLICABLE TARIFFS. **ACCEPTANCE IS SUBJECT TO VERIFICATION.** INCOMPLETE FORMS CANNOT BE PROCESSED!

Cardholder signature