



MAA AIR TICKET CENTRE PVT. LTD.

B-22, Flatted Type Building, Wagle Estate, L.B.S. Marg, Near Mulund Checknaka, Thane-400604. India
• Tel.: + 91.22.6798 9793, 6799 4726-27 • Telefax: + 91.22.2583 3881
• Email: info@airticketcentre.com • www.airticketcentre.com

Authorization for SOF Credit Card Charge

Please complete the form **in your handwriting** and Fax it to 91-22-25833881 **Email** as a scanned file.

I _____, national of _____ and owner of the
(Write Name as shown on Credit Card)
Credit Card, Hereby Authorize **M/s Maa Air Ticket Centre Pvt. Ltd. Or its associates, subsidiary companies, websites or the Concerned Airlines**,

To charge my Credit Card Visa MasterCard American Express

Credit C. No. _____ Valid Thru _____ AMEX CC Chk No. _____
Cvv nos for Visa /Mastercard

If Credit Card Issued by Bank? Name _____ City _____

Amount _____ Amount _____
(Write Clearly in words with Currency in USD/INR) (In figures USD/INR)

for Flt. Tkts on Airline/other services _____ for myself and / or:

_____ (Full Name (s) of Passenger (s) if other than Cardholder)
Relationship with the passenger _____

Delivery Address of Tickets _____

Tel No. _____ City _____ Zip/Pin Code _____ State _____ Country _____

My Credit Card billing Address with my bank _____

City _____ Zip/Pin Code _____ State _____ Country _____

Tel No. as with CC bank (H) _____ / (O) _____ / (Mob) _____
With Country code & City code

Birth date of CC Holder (mm/dd/yy): _____ Place of Birth _____

Email Address _____ Fax : _____

My Passport No. _____ Nationality _____ Driving License No. _____
 Social Security No. _____ (Provide details of two of the above)

I attach herewith scanned or photocopy of my Credit Card (Front & Back) along with
Passport and Driver's License or Social Security Card for signature authentication.

DECLARATION:

By signing below, I acknowledge charges described above and the payment will be made to you by Credit Card undisputed, when billed to me by Credit Card Company as a **Signature on File** Transaction.

X _____ Print Name as on the Card _____
(Signature of Cardholder)

Place: _____ Date : _____

NOTE :

- The information is required by the Credit Card Co. being **SOF**, to avoid any misuse.
- Incomplete - false information will be sufficient cause for denial of services.
- The INR equivalent will be charged by CC bank on applicable Airline as per airline rules & exchange rates