

Global Interlink *Travel Services Ltd.*

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CREDIT CARD CHARGE FORM FOR MAIL ORDER TRANSACTIONS

[Please complete one form per transaction and fax to: +256-41-4231858 (secure fax line)]

DATE (DD/MM/YY)							
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NAME OF CARDHOLDER	
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BILLING ADDRESS	
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TOTAL CHARGE	USD	
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VISA MASTERCARD JCB AMERICAN EXPRESS

CARD NO.																	
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EXPIRY (DD/MM/YY)							
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SIGNATURE OF CARD HOLDER X _____

CARDHOLDER'S DECLARATION: The issuer of the card identified on this item is authorised to pay the amount shown as "TOTAL CHARGE" upon proper presentation. I promise to pay such "TOTAL CHARGE" (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.