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AUTHORISATION FOR CREDIT CARD PAYMENTS

I HEREBY AUTHORISE TRAVEL CARE TO DEBIT MY CREDIT CARD MENTIONED BELOW FOR THE BOOKING OF:

Passenger Names (Last name/First name/Middle name) as per passport	Date of Birth (dd/mm/yy)	Passport Type & Expiry (Australian passport & dd/mm/yy)

NAME ON CARD : _____
CARD NO: _____

TYPE OF CARD : MasterCard Visa Amex

CVV : _____
EXPIRY DATE : _____

TOTAL CHARGE : \$_____ (amount including surcharge)
Surcharge: 1.5% Visa/MasterCard or 3.5% American Express

I DECLARE THE INFORMATION STATED IS TRUE AND CORRECT

CARD HOLDERS SIGNATURE: _____
DATE: _____

***PLEASE PROVIDE BACK & FRONT COPY OF THE CREDIT CARD ABOVE AND PHOTO ID (e.g. DRIVERS LICENCE)**

***Please Email this form & details back to our office
Thank you***