



CREDIT CARD AUTHORIZATION FORM

I, _____ Hereby authorize Destino NZ Travel Ltd, to charge my Credit Card in the amount of NZ\$ _____ as payment for confirmed travel services in New Zealand.

Credit Card details

| | |
|--|----------------------------|
| Credit Card Number (Numero de tarjeta de crédito) | |
| Cardholder's Name (Nombre del titular de la tarjeta) | |
| Billing Address (Dirección de facturación) | |
| Contact Phone Number (Teléfono de contacto) | |
| Credit Card (Visa o Mastercard) | |
| Expire Date :(MM/YY) (Fecha de vencimiento: MM/YY) | ____/____ DD/MM |
| Amount in NZ \$ (Monto en NZ \$) | |
| Cardholder's Signatura (Firma del titular) | |
| Date: (Fecha) | ____/____/____ DD/MM/YY |

Please complete this Credit Authorization form and send it by fax to:

(Por favor completar el formulario de autorización de debito a su tarjeta de crédito y enviarlo por fax al número)

FAX No: 0064 – 3 – 376 5507