



Reservation Number: -----

Email to Roam India: [contactus@roam-india.com](mailto:contactus@roam-india.com)

# Credit Card Charge Authorization

(Please type or print clearly)

Travel agency name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax \_\_\_\_\_

Client Names: \_\_\_\_\_

**Please complete and obtain cardholder's signature on this form and return with copy of the cardholder's standard proof of identity in order to verify signature.**

I, \_\_\_\_\_, hereby authorize Roam India to charge to my credit card against travel expenses in the amount reflected. The issuer of the card identified on this item is authorized to pay the amount shown as total upon proper presentation. By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with the agreement governing the use of such card. I waive my right to dispute these charges. I have read the terms, conditions and cancellations policy and agree to same.

**Credit Card Information:**  
**Amex (15 digits)**

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**Exp date (mm/yy)**

**Security Code**

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**Roam India**  
**Kothi Girraj Villa, Gopal Garh, NCR, Bharatpur, 321001**  
**Eastern Gateway of Rajasthan, India**  
**Ph. 91 5644 2208 92 Fax 91 5644 2208 92**  
**Email: [contactus@roam-india.com](mailto:contactus@roam-india.com)**  
**[www.roam-india.com](http://www.roam-india.com)**

**Visa / Mastercard / Discover (16 digits)**

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**Exp date (mm/yy)**

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**Security Code**

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**Amount \$**

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Print name as it appears on card \_\_\_\_\_

Cardholders billing address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone/Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Cardholder Signature:

X \_\_\_\_\_ Departure Date \_\_\_\_\_

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**For official use only:**

Date: \_\_\_\_\_ Approval No. \_\_\_\_\_

Office Location: \_\_\_\_\_ Invoice No. \_\_\_\_\_ Ticket No. \_\_\_\_\_

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