



**CREDIT CARD AUTHORIZATION FORM**

Tel: 00267 6251 775 - Fax No: 00267 6252 709 - Email: enquiries@janalatours-botswana.com

I \_\_\_\_\_ authorize to deduct the follow amount from my credit card.

Surname/Name	
Full Address	
Country	
Tel. / Fax no.	
Email adress	
Date of arrival	
Date of departure	
Number of guests	
Credit Card no.	
Expiry Date	
Last three Digits (back on the card)	
Amount to be deducted	

Signature: \_\_\_\_\_ Passport #: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE KINDLY FILL IN THE DETAILS ACCORDINGLY AND FAX THE FORM BACK  
TO US TOGETHER WITH COPY OF BOTH SIDES OF YOUR CARD AND YOUR PASSPORT**

