Credit Card Mail Order Form

Confidential - Issued for intended recipient's use only

The Accountant Dream Vacations (Pvt) Ltd.,79/5 Horton Place, Colombo 7, Sri Lanka	Merchant ID: 000 2819 - 001

Details are as follows:

Booking/ Tour reference : .....

Card No : .....

Issuing Bank : .....

Cardholder Name : .....

Cardholder Address : .....

.....

.....

Passport/ NIC No., : .....

Country of Issue : .....

Amount (Numbers) : .....

Amount (Letters) : .....

Type of Card : MasterCard Visa Card (please ✓ tick)

Expiry Date : .....

CVC II No. : .....

(The last three digits following the card number indented at the back of the card on the signature panel).

Mother's Maiden Name : .....

I authorize you to debit my above MasterCard/ Visa for the contracted services.

....

Signature of cardholder Date

Please fax the completed order form with copies of both sides of your credit card to Dream Vacations (Pvt) Ltd., Fax No : ++9411 5351851

Dream Vacations (Pvt) Ltd.,79/5 Horton Place, Colombo 7, Sri Lanka.Tel:++9411 5050603

	Fax: ++9411 5351851	info@tourslanka.com	www.tourslanka.com