

**Maharaja Holidays Inc.**  
2600 W. Peterson Ave, Suite 203  
Chicago – IL 60659 USA

Tel : 773-262-8600  
Fax : 773-262-2692  
Email : [usa@m-holiday.com](mailto:usa@m-holiday.com)  
Toll free : 1-877-60-TRIPS

---

## **CREDIT CARD HOLDER'S AUTHORIZATION**

FROM: \_\_\_\_\_

TO: \_\_\_\_\_ (travel agency name)

In lieu of my Credit Card imprint, I \_\_\_\_\_  
(Name as it appears on the credit card)

Hereby authorize \_\_\_\_\_  
(Travel Agent's Name)

To charge my Credit Card: Visa / Mastercard / Discover / American Express / Diners Club

Credit Card No. \_\_\_\_\_ Expiration date: \_\_\_\_\_

For the amount of \_\_\_\_\_ towards payment for Cruise/ Air Travel for Myself / or:  
(Print amount)

\_\_\_\_\_  
(Full name(s) of passengers other than the Card Holder)  
For travel to \_\_\_\_\_ Departing on: \_\_\_\_\_  
(Please indicate Destination) (Please indicate Travel date)  
purpose of travel ( air ticket or land tours etc) \_\_\_\_\_

My Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My Contact details: Tel - Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Note:** We also require a photocopy of your Credit Card [Front & back] along with a copy of the Card Holder's Driver's License or Passport.  
By signing below, I hereby, acknowledge the charges described above. Payment in full to be made when billed or in extended payment in accordance with the policy of the company issuing the Credit Card.

\_\_\_\_\_  
(Credit Card Holder's signature)

\_\_\_\_\_  
Date

---

**PLEASE SIGN AND FAX / SCAN BACK TO US**