



African Duet Office, 5 Sedge Road, CNR of Candlewood, Weltevreden Park, Roodepoort, Johannesburg
P O Box 8855, Sonpark, Nelspruit, 1206
Tel: +27 (0)13 744 3098 / +27 (0)11 675 5514 Fax: +27 (0)86 612 6847
24 hour Courtesy: +27 (0)72 142 0998 / +27 (0)82 924 8988

PAYMENT AUTHORISATION FORM

Please enclose/attach a clear photocopy of:

- 1) Your credit card, back and front
- 2) Your ID (RSA Citizen) and/or Passport

I _____ (cardholder full name)

Nationality _____ D.O.B. _____

Of _____ (current residential address)

Hereby authorise African Duet Travel to debit my credit card as detailed below, for travel arrangements.

For:

(Full names of other passengers and relationship to cardholder)

Credit card number: _____

Card type: _____ (Issued City & Bank): _____

Expiry date of card: _____ (mm/yy) last 3 digits on back of card: _____

Card holder's name as it appears on card:

Card holder's identity number & or Passport number

Employer's name: _____

Employer's street address: _____

Straight/budget payment (mark appropriate box with x):

<input type="checkbox"/> Straight	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> 18 months	<input type="checkbox"/> 24 months
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Amount in SA rands: ZAR _____ (full amount due)

Amount in words:

Signature of cardholder:
(As on card) x _____ x

Contact tel no/s (Cell)(____) _____ (home) (____) _____ (work) _____

(Please fill in all, if applicable)



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Thank you for completing all the information on this form.

This will assist you and AFRICAN DUET TRAVEL in eliminating abuse of your credit card. Please note that African Duet Travel cannot be held responsible for any cancellation/price fluctuations or any financial loss incurred by you resulting from any error, delay or omission on this form.

Further, should an invalid chargeback be made, African Duet Travel is authorized by the cardholders signature above to charge to the credit card, an administration fee as per our terms and conditions, as well as all merchant fees incurred.

<p><i>FOR OFFICE USE</i></p> <p>Consultant check details: _____ (sign and date) Cashier check details: _____ (Card, ID, PPort, File name) Confirmed cardholder L/L contact: Date: _____ Time: _____ Comments: _____ (bd) / (sa) / (op) Booking no: _____ Qtrav File / Inv no: _____ Greater than R5,000 signed by Supervisor: _____ Greater than R15,000 signed by Manager: _____ Greater than R25,000 (make arrangements to get card imprint) (refer 'client present' instructions) Bank autho obtained for all segments _____ Notes for file: _____</p>
