



Please sign and complete this form in order to authorize Eyes on Africa, Ltd. to charge trip costs using your credit card. Return the form to us via fax or mail.  
Please read Eyes on Africa's Booking Terms and Conditions carefully before signing.

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**Privacy:** All information contained herein is used solely by Eyes on Africa for purposes of charging your credit card and will not be released under any circumstances.



***"I have read and accept Eyes on Africa's Booking Terms and Conditions including the cancellation and refund policy. I authorize Eyes on Africa, Ltd to charge my credit card as follows:"***

Full Name on Card: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

Credit Card Type:  
(Indicate if Signature, Corporate, etc): \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Card Number: \_\_\_\_\_

CCV Code (Non-embossed 3-digit code on back  
of MC/Visa or 4-digit code on front of Amex): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount to charge US \$ \_\_\_\_\_

Date of Travel: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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