



**SODHA TRAVEL**

U.S. Office: +1 877 564 7526 | Australia Office: +61 466 992 806  
www.sodhatravel.com | info@sodhatravel.com

## Credit Card Authorization

Attention: **Accounts/Reservations**

email: **info@sodhatravel.com**

RESERVATION ID: \_\_\_\_\_

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

AUTHORIZED TOTAL TO BE CHARGED BY SODHA TRAVEL: \$ \_\_\_\_\_

DESCRIPTION OF CHARGE: \_\_\_\_\_

e.g. Final payment Mr/s Smith traveling Dec 15, 2020

### CREDIT CARD INFORMATION

CREDIT CARD TYPE:  MasterCard  Visa  American Express

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS 1: \_\_\_\_\_

BILLING ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ ZIP CODE / POST CODE: \_\_\_\_\_

**I authorize Sodha Travel to charge my credit card in the above amount. By signing below, I acknowledge that I have reviewed the terms and conditions of this transaction. I further understand the change and cancellation policy.**

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_

**ADMIN USE ONLY**

DEP DATE: \_\_\_\_\_ CHGD BY: \_\_\_\_\_ DATE: \_\_\_\_\_