



SODHA TRAVEL

4804 NW Bethany Blvd, Ste I-2, #105 | Portland, OR 97229
Phone: 503.718.7839 | Toll Free: 1-877-564-7526 | Fax: 480.772.4696
www.sodhatravel.com | info@sodhatravel.com

Credit Card Authorization

Attention: **Accounts/Reservations**

Fax: **480 772 4696**

email: **info@sodhatravel.com**

RESERVATION ID: _____

NAME: _____

EMAIL ADDRESS: _____

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

DESCRIPTION OF CHARGE: _____

e.g. Final payment Mr/s Smith traveling Dec 15, 2012

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: _____

TYPE FULL NAME: _____

ADMIN USE ONLY

DEP DATE: _____ CHGD BY: _____ DATE: _____