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ABN NUMBER: 37050210109

CREDIT CARD AUTHORITY PAYMENT FORM

**ATTENTION:
FROM:**

PASSENGER NAMES:

**BOOKINGREFERENCE:
PHONE...../MOBILE:.....**

POSTAL ADDRESS:

**TOTAL AMOUNT PAYMENT: (3% credit card surcharge applies)..
TOTAL IS:**

• **CARD TYPE (Please circle one)**

MASTERCARD VISA AMERICAN EXPRESS

• **CARD HOLDERS NAME:**
(Exactly as shown on card)

* **CARD NUMBER:**

• **IF AMERICAN EXPRESS INCLUDE FOUR DIGIT ID NUMBER:**

• **CARD EXPIRY DATE:**

• **CARD HOLDERS SIGNATURE:**

• **DATE:**