



FORM MUST BE FAXED
BACK TO 323-298-5919

Credit Card Holders Authorization Form

In lieu of my credit card imprint, I-----

Herby authorize QUEST TRAVEL ...106 Nadi El Ramaya – Pyramids – Giza – Egypt
(Issuing carrier / Tour operator name)

To charge my -----
(Card name) (Credit card number) (Expire date)

Four (04) digit number located on the front of credit card (AmEx) -----
OR

Three (03) digit security code located on the back of credit card (Visa/MC) -----

In the name of \$ ----- US or the equivalent in Egyptian local currency.
funds for payment of my tours and / or transportation and any other Travel arrangements.

For myself and / or -----
(Full name of passengers if other than cardholder)

My mailing / billing Address: -----
(Home phone)

(Office phone)

Note:
** Identification is required, please provide photocopy of credit card (front & back) and passport or driving License of cardholder. And to be faxed to 011-202-3763810
** This is a non - refundable deposit to guarantee reservation.
By signing below, I acknowledge charges described herein.

Signature of card holder as shown on credit card

Date