



HOP-ON HOP-OFF SOUTH AFRICA DOOR-TO-DOOR!

P.Level, Centurion Building
Sea Point, Cape Town
8005, South Africa

Tel: 021 439 2323
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WEB : www.bazbus.com
E-MAIL : info@bazbus.com

Please fax this form to : (021) 439 2343

Credit Card Payment Authority Form

BOOKING HOSTEL & CONSULTANT: _____ DATE: _____

*** PASSENGERS DETAILS:**

NAME: _____ SURNAME: _____

ADDRESS IN SOUTH AFRICA: _____

HOME ADDRESS: _____

CONTACT TEL IN SOUTH AFRICA : _____

CONTACT TEL AT HOME : _____

PASSPORT NUMBER : _____

NATIONALITY : _____

***TO BE COMPLETED BY CREDIT CARDHOLDER:**

I _____ (name & surname) authorize the BAZ BUS to deduct the amount of R_____ plus 4% administration & booking fee =R_____

from credit card no: _____

COMMENCEMENT DATE: ___ / ___ / ___ EXPIRY DATE: ___ / ___ / ___

LAST 3 DIGITS AT THE BACK OF THE CARD ___ ___ ___ BANK: _____

PASSPORT NUMBER OF CARDHOLDER: _____

For () ticket(s) from (Hostel) _____ to _____ (final stop),
departing on (date) _____. First Stop: _____

Signed at _____ (area) on this the ___ day of _____ (month) 200__

Signature _____.

VISA	MASTERCARD
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For office use only:
TKT NO: _____
BATCH NO: _____
PROCESSED BY: _____
CONFIRMATION NO: _____