Gita Travels Inc.
2035 Dalesford Dr
Troy, MI 48098

Fax To: (248) 689-5203

Credit Card Ticket Order

From: _____

This is to confirm that I am authorizing Gita Travels to issue the following tickets against the credit card listed below.

Passengers: _____

_____

_____

_____

Name on Credit Card: _____

Card Holder Phone #: _____

Card Type: **Visa** **Master Card** **American Express** **Discover**
(Circle One)

Card #: _____ **Expiry Date: _____**

Charge Amount: US$ _____ **Reservation #: _____**

Address: _____

_____

(Please sign and date here): _____

Please attach copy of credit card (Front & Back)