

Sri Lankan Travel Inc

Credit Card Authorization Form

GSA for SriLankan Airlines Limited – USA, Canada & Caribbean

Head Office: Metro Top Plaza, 111 Wood Ave South, Iselin NJ 08830 Tel: 732 205 0017 Fax: 732 205 0299

PLEASE FILL THE REQUIRED DETAILS BELOW AND e-MAIL TO
info@srilankanusa.com OR FAX# 732 205 0299

I, _____ hereby authorize Sri Lankan Travel Inc,
Metro Top Plaza, 111 Wood Ave south, Iselin NJ 08830, to charge my American Express/MasterCard/Visa
Card/ No. _____ Exp. Date _____
The amount of \$ _____ (dollar in words) _____

**For purchase of air ticket(s) for CRICKET WORLD CUP FINALS IN BARBADOSE on A SPECIAL
CHARTER FLIGHT. I agree that this is a non-refundable payment.**

PASSENGER NAME 1 :
2 :
3 :
4 :

PASSPORT # : PASSPORT VALID UNTIL :
CITIZENSHIP :

Air Fare/Taxes & Airport Transfer	\$ 1035.00	
Visa	\$	(USD100.00)
Entrance Fee for The Match	\$	(USD300.00)
Total Charge	\$	

Credit Card Holder's billing Address

_____ Date: _____
Phone: (day) _____
Phone:(eve) _____

e- MAIL: _____

X _____
Credit Card Holder's Authorized Signature

I hereby agree to above billing favor Sri Lankan Travel Inc

For Official use (Do not write below this line)

SLT form CC - 001

Authorization # _____ Amount _____ Date _____

Ticket number _____ By: _____