



CREDIT CARD PAYMENT AUTHORIZATION FORM

Please complete this form and return by fax to +30 210 9602565

Date: 4/8/2012

RE: PAYMENT OF PRIVATE FLIGHT

FROM > Turkey TO > Patmos

I the undersigned,

NAME / SURNAME

ADDRESS:

PASSPORT No:

DATE OF BIRTH:

TEL. Nr.:

wish to authorize MAGNA TRAVEL LTD, to charge my credit card as follows:

CREDIT CARD No:

EXPIRING DATE:

Security Number

The credit card security number is a 3 or 4 digit code. For Visa and MasterCard, it is the last 3 digits found on the reverse of the card.

Billing Address(*):

TOTAL AMOUNT: EUR 16950

REASON:

Full payment of private flight

(*) if different than above

The issuer of the assigned, on this, Member is authorized to pay the amount shown as TOTAL, upon proper presentation. I promise to pay such TOTAL (together with any other charges due there on) subject to and in accordance with the agreement governing the use of such card.

SALE CONFIRMED AND DRAFT ACCEPTED - NO REFUND / CANCELLATION

CARDHOLDER'S SIGNATURE: