

TO: **ANGKOR SEVENTH TRAVEL CO., LTD.**
No. 62, Street 134, Sangkat Vealvong, Khan 7 Makara
Phnom Penh, Cambodia
Tel: (855) 23 885 391 / 012 893 049. Fax: (855) 23 992 391
E-mail: info@angkor7thtravel.com

LETTER OF AUTHORIZATION

Instruction on how you can make remittance by faxing your Credit Card

Photocopy your credit card - Front & Back Side
Fill in and sign the below Authorization form to charge on Credit Card
Fax the photocopy of your credit card (Front & Back Side) together with
the signed Authorization Form to us at Fax: +(855) 23 992 391

CREDIT CARD FORM

Cardholder's Name: _____

Home Address: _____

Country: _____

Zip Code: _____

I hereby authorize ANGKOR SEVENTH TRAVEL to charge US\$ _____

amount in word: _____

for the service of _____

On my Credit Card VISA CARD MASTER CARD

Credit Card Number: _____

Expire on: _____

Name: _____

Authorized Signature: _____

Date: _____

***Please fax this signed Authorization Form
to Fax: +(855) 23 992 391
Thank you.***