

## MAIL ORDER

As per our request, we kindly ask you to fill the following form in order to charge to your credit card the amount due in our favour.

Please note that all the details need to be filled. We apologise for any inconvenience that this may cause that these are the details asked by the banks to this type of payments.

Thank you for your co operation .

Please write in **CAPITAL LETTERS / LEGIBLE**

**Name written on the CREDIT CARD**

First :  Last:

**Name of credit card holder**

First :  Last:

**Date of birth:** (card holder) Day:  Month:  Year:

**Identification card number:**

**Security number** (03 digits printed at the back)

**Type of credit card:** Visa  Master card  Amex

**Credit Card Number**

**Expiry date:**

**Address of card holder:**

**Contact telephone number:**

I the undersigned authorise Majestic Tours Of Morocco to deduct (amount in numbers)  
From the above credit card.

Euro

Signed ( as on credit card) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO Be Sent by Fax : + 212 37 77 53 21**