

AUTHORISATION TO CHARGE
MY CREDIT CARD ACCOUNT

Name (as it appears on card):

Card type (please check):
VISA
Mastercard
Maestro
American Express

Card number: Security code CVV

Expiry date (month/year): /.....

By signing this form,
I authorise Estravel Latvia to charge my credit card account with the following amount:

currency: amount: for

(description of the services
confirmation/invoice number):
.....

Date: place of signing:

Signature of cardholder:

Completed authorisation form should be sent by fax +371 67287977
or scanned and sent to e-mail: sales@estravel.lv

Contact person handling my bookings:

Please keep a copy of this form for your own records!

Estravel Latvia

63 Elizabetes str, Riga, LV-1050, Latvia
Bank details: VAT No LV40003318736

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