

**安佳旅行社有限公司 信用卡扣款同意書****CREDIT CARD PAYMENT AUTHORIZATION FORM**

交易日期 TRANSACTION DATE: ____YY____MM____DD

TEL:02-25065778

FAX:02-2716-1778

NOTE: 請附上(傳真) 信用卡正反面影本、您的護照影本此簽名同意書至 02-2716-1778

PLEASE ATTACH (FAX) A PHOTOCOPY OF YOUR CREDIT CARD (FRONT & BACK) AND A PHOTOCOPY OF THE CARD HOLDER'S PASSPORT TO FAX # +886-2-2716-1778 ALONG WITH THIS FORM.

信用卡持卡人本人 _____，特立此信用卡授權同意書，並授權 **安佳旅行社有限公司** 以傳真或影印方式，向持卡人銀行申請信用卡支付上述款項無誤。經確認，持卡人同意依照信用卡使用約定，一經使用或訂購產品，均應按照所示金額，付款予發卡銀行，並同意以傳真或影印方式訂購產品，所填之影本及傳真內容具有法律效用。

IN LIEU OF MY CREDIT CARD IMPRINT, I _____, HEREBY AUTHORIZE **ANGELTRAVEL SERVICE CO., LTD.** AND/OR THEIR REPRESENTATIVE TO CHARGE MY ABOVE CREDIT CARD FOR THE AMOUNT SHOWN ABOVE. BY SIGNING BELOW, I ACKNOWLEDGE THE CHARGES DESCRIBED ABOVE. I UNDERSTAND THAT THE ABOVE AMOUNT IS SUBJECT TO CANCELLATION POLICIES WHICH HAVE BEEN UNDERSTOOD BY ME AND UNDERTAKE NOT TO TAKE A CHARGE BACK FOR THE ABOVE AMOUNT.

項目 PROJECT	內容 CONTENTS	金額 AMOUNT
總金額 AMOUNT AUTHORIZED	TOTAL: NT\$	

持卡人姓名 CARD HOLDER NAME :			
護照號碼 PASSPORT NO :			
出生年月日 DATE OF BIRTH	YY	MM	DD
信用卡卡號： CREDIT CARD NUMBER :			
信用卡有效日期 CARD EXPIRATION DATE	MM	YY	檢查碼 SECURITY NUMBER
卡別 TYPE OF CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER	發卡銀行 ISSUING BANK
手機號碼		E-MAIL :	





MOBILE NO :			
帳單地址： BILL ADDRESS:			
持卡人簽名 CARDHOLDERS SIGNATURE		授權號碼 AUTHORIZATION CODE (FILLED IN BY THE STORE)	

安佳相關業務人員:

RELATED BUSINESS PERSONNEL:

