## Credit Card Authorization Form MAURITIUS ISLAND ON-LINE COMPNet & Co Ltd Attn: Customer Relations Tel: (230) 210-8086 -- Fax: (230) 210-8087

## TO WHOM IT MAY CONCERN:

I, (name as it appears on credit card)		hereby
authorize COMPNet to charge my crea	lit as payment for the following trans	action(s)
Name of Passenger(s):		
Routing:	Hotel/Bungalow's Name:	
Date of Travel:	Total Night(s):	_
Initial Deposit :	Due Date:	
Final Payment :	Due Date:	
Relationship of cardholder to passeng	er(s):	
CARD TYPE: Visa or Mastercard or AM	IEX or Diners (Circle one)	
Card Number	Expiry Date	
Billing Address		
 City	State/Zip Country	
Tel: Fax:	Email:	
I certify that I am responsible for the card in compliance with agreement be ENCLOSED IS A COPY OF THE BACK (	etween myself and the credit card cor	mpany.
Signature of Cardholder	Date:	* CVV2/CVC2 is

a 3 or 4 digits numbers located at the back/front of your credit card.