

credit card*

* watcha gonna pay with.

CREDIT CARD PAYMENT FORM

Kindly complete and submit this form and fax to the number below.

I have read and understand all terms and conditions of ARZA World as indicated in the proposal and/or on the website and agree to all of them.

Passenger Name(s) _____

Reservation # _____ Amount Agreed _____

Cardholder Name (Please Print) _____

Home Phone # _____

CARDHOLDER BILLING ADDRESS

Street _____ City _____

State _____ Zip Code _____

CARD TYPE

Visa / MasterCard / American Express

Card # _____ Exp. Date _____ Security Code _____

Date _____ Cardholder Signature _____



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