

EUR - IBAN : RO75 BACX 0000 0005 2086 2001 UNICREDIT BANK - UNIRII Swift : BACXROBU  
USD – IBAN : RO48 BACX 0000 0005 2086 2002 UNICREDIT BANK – UNIRII Swift : BACXROBU

## Credit Card Payment Authorization Form

Sign and complete this form to authorize DAL TRAVEL to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

### Please complete the information below:

I \_\_\_\_\_ authorize DAL TRAVEL to charge my credit card  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_  
(amount) (date)

This payment is for \_\_\_\_\_  
(description of goods/services)

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: Visa  MasterCard

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MaterCard) \_\_\_\_\_

**Please fax this completed form to:**

**DAL TRAVEL Fax #: +40 21 3197064**

Please understand that sending the form filled with your credit card details by e-mail is not fully secured, and the DAL Travel Agency will not be held responsible for any inconvenience regarding this issue.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.