

Credit Card Mail Order Form

Please fill up this form, print it out and fax it to the following fax number.

Fax. No : + 6088 248661 Email : mttrails@gmail.com

Guest Details

Guest Full Name: _____

Email Address: _____

Contact No: _____

Nationality: _____

Credit Card Authorization

Credit Card No: _____

Cardholder Name: _____
(As per Credit Card)

Security Code (3 digit): _____

Credit Card Expire Date: _____

Credit Card Issuing Bank: _____

Total Amount (MYR): _____

Payment for: _____

I _____ hereby authorize Mountain Trails Tours & Travel Sdn Bhd to debit my credit card as stated above. I attach herewith a copy of my identity card/passport together with the front face of my credit card

.....
Signature

Name:

Date: