



AFRICAN PEARL SAFARIS

Credit Card Processing Form

Please print this form, fill it and email it back to info@africanpearlsafaris.com or apsafaris@gmail.com. Thanks.

Card Holder Name: -----

Card Number: -----

Expiry Date: -----

Amount To Be Debited: -----

Details of charges: -----

Physical Address: -----

Telephone Number: -----

I authorise African Pearl Safaris to debit my card account for the charges/cost as per the above.

Name: -----

Signature: -----

AFRICAN PEARL SAFARIS

WEB: africanpearlsafaris.com EMAIL: info@africanpearlsafaris.com TEL: +256 393 260 975