



*** AUTHORISATION FOR CREDIT CARDS ***

TO: RAIL TICKETS - ACCOUNTS

Fax: +61 3 9627 3950

BOOKING NUMBER: _____ **DATE OF DEPARTURE:** _____

Gross Booking Value	\$
Credit card fee (if applicable)	\$
Total Credit Card Payment	\$

Tick	Type of Card	Fee
	Visa	2%
	Mastercard	2%
	AMEX	2%

CREDIT CARD NUMBER: _____

CARD HOLDER NAME: _____ **EXPIRY DATE:** ____/____/____

SIGNATURE: _____

*** AGENCY AUTHORISATION ***

I hereby certify that I am holding the signature of the credit card holder above on file, and that I have been given authorisation by the card holder to charge travel arrangements organised by Rail Tickets to the credit card number entered on the above credit card charge form on receipt of the cardholder's verbal requests.

I accept full responsibility and will reimburse Rail Tickets the amount shown on the above credit card in the event that the billing is rejected.

SIGNATURE: _____

FULL NAME: _____ **POSITION:** _____

AGENCY NAME: _____

Please note charges will appear on credit card statement as Concorde Eurail.

Commission is paid to your agency via cheque.