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Travel



A.F.T.A
 THE AUSTRALIAN
 FEDERATION
 OF TRAVEL AGENTS
 LIMITED
MEMBER



Signature on File Application Form



Travel Services

Personal Details

| | | | |
|---------------|------------------------|------------|----------------|
| Mr/Mrs/Ms | LAST Name | FIRST Name | Middle Initial |
| Address | | | |
| Suburb | State | Postcode | Email Address |
| Phone (home) | Phone (Work) | Mobile | Fax |
| Passport No: | Country of Issue | Expiry | / / |
| Date of Birth | Place/Country of Birth | | |
| / / | | | |

Travel Preferences

| | |
|--|--|
| Airline Frequent Flyer, Hotel, Rental Card, etc membership numbers | Other Special Requirements or *PIN no. |
| | |
| | |
| | |
| | |

**You may insert your PIN nos. here if we are to process your Frequent Flyer Bookings for you.*

Other Credit Cards

I _____ cardmember name in full _____ authorise Axis Travel or its nominated supplier/carriers relevant to my travel booking requests (for myself or authorised travellers), to debit charges to the value of:

\$ _____ (if applicable) or as I request on each occasion.

American Express MasterCard Diners Club Bankcard Visa

Cardmember Name: _____

Cardmember Number: - - -

Billing Address: _____

Card Validity Start Date: / / Expiry Date: / / Card ID Security number (not embossed) _____

MARKETING : I would like to receive communication of special travel offers from AXIS TRAVEL CENTRE Pty Ltd in accordance with their website/office stated Privacy Policies. Yes No

I have read and accept the Signature on File Terms and Conditions set out overleaf.

Signature of Cardmember: _____ Date: _____
 ✕ / /

This form must be accompanied with a copy of your valid Drivers Licence and / or Passport