



CREDIT CARD AUTHORISATION FORM

[To be completed by Credit Cardholder only]

I, _____ (Credit Cardholder name) hereby authorise *Royal Brunei Airlines* to charge my credit card the amount of B\$ _____ (in Brunei Dollars only) for the below transaction and that I agree and understand there is a penalty in the event of my decision for *Change of Travel Date or booking cancellations*.

Flight No.	Date of Traveling	Reservation Reference No.		
Passenger Details				
Name of Traveling Passenger	Passport No.	Nationality	Date of Birth	Passport Expiry Date

Credit Card Details:

Credit Card Type: VISA MASTERCARD AMEX

Credit Card Number: _____

Expiration Date: _____ / _____ (MM/YYYY)

Credit Card Holder's Billing Address:

Name (as appears on Card): _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

I hereby declare that all the above information is true.

Signature: _____ Date: _____



Note: Please attach copy of your passport or identification card together with front and back copy of your credit card for processing purpose. This information is confidential and will be sorted by Royal Brunei Airlines which will be used only in the event of a dispute in payment transaction.

Please submit this form to your local Royal Brunei Airlines Ticket Office or by fax to +673 2233091 or email scanned copy to BWNRES@rba.com.bn

Failure to comply this, passengers on this booking will be denied boarding

For Office Use:

e-Ticket Number:	Issue Date:	Issuing Office:
e-TEO Number:	Issue Date:	Issuing Office:

Check / Verify by: _____

Date Received: _____