

Credit Card Mail/ Fax Order Form

The Accountant
Asianscapes Luxury Holidays
C/o Dream Vacations (Pvt) Ltd
87/1, 1st Floor, Galle Road,
Mount Lavinia, 10370
Sri Lanka.

Please debit my Card Account for the services ordered. Details are as follows:

Booking/ Tour reference :.....

Full Name :.....

Card No :.....

Type of Card : Master Card [] Visa Card [] (please tick one)

Expiry Date :.....

CVC II No. :.....

(The last three digits following the card number indented at the back of the card on the signature panel).

Mother's Maiden Name :

Mailing Address :.....
:.....
:.....

Amount (Numbers) :.....

Amount (Letters) :.....

.....
Signature as appearing on card

Please fax the completed order form with copies of both sides of your credit card to
Dream Vacations (Pvt) Ltd., Fax No : ++ 94 11 2737915

Asianscapes Luxury Holidays – a Division of Dream Vacations (Pvt) Ltd.