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Scan and Email to: sales@allcubatavel.com



AUTHORIZATION FORM



I, the undersigned,

hereby authorize the travel agency SERVICIOS GLOBAL S.A. to
debit from my credit card the amount of _____ U.S.
dollars corresponding to a downpayment for contracted
service(s) under the tracking number ACT - _____.

Card number: _____

CVV2/CVC2 code: _____

Card expiration Month: _____ Year: _____

Card holder signature: _____

Day: _____ Month: _____ Year: _____