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1/228 Canning Street ROCKHAMPTON 4700

Phone 07-49227229 Email [scott@specialty.travel](mailto:scott@specialty.travel)

To: The Manager  
**Specialty Travel**  
1/228 Canning Street  
ROCKHAMPTON Q 4700  
**FAX 07-49222585**

Dear Sir/Madam,

**RE: ACCEPTANCE OF TERMS & CONDITIONS & CREDIT CARD AUTHORISATION**

This is to confirm that Card Holder .....  
accepts the Terms & Conditions of the Tour Operator, Airline or Wholesaler as stated online  
and/or in their Brochure and authorizes SPECIALTY TRAVEL to charge the following card:

Credit Card Type: (Please Circle) MasterCard : Visa or (Amex - 3 % surcharge applies)

Cardholder Name: .....  
(Full name as it appears on your credit card)

Credit Card Number: .....

Expiry Date : .....

CCV .....  
.....

Amount : .....

Signature: .....