



PAYMENT ADVICE FORM

This is to authorize MSL Travel Sdn Bhd to charge to my Credit Card for the travel arrangements purchased from them:

MSL Office: Kuala Lumpur/PJ Penang

Name of MSL Staff handling your travel: _____

Card: VISA MasterCard

Cardholder's Name: _____
(name as per your passport/identity card)

Name as on the Card: _____
(name as printed on your Credit Card)

Card Number:

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Expiry Date: MM/YY

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Three (3) Digit No.

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Name of the Issuing Bank/Organization: _____

Amount: MYR _____

Amount in Words: Malaysian Ringgit _____

Being Purchase of : _____

Address: _____

Post Code: _____ City/Town: _____ Country: _____

CardHolder's Signature: _____

Identity Card / Passport No. : _____ Telephone Contact: _____

Date: _____

Please Fax to: MSL Travel Sdn Bhd, Kuala Lumpur: 03-404 73 707
or MSL Travel Sdn Bhd, Penang : 04-2272102 together with the
following documents:

- | | |
|----------------------------------|------------------------|
| 1. Your Credit Card (both sides) | 2. Your IC or passport |
|----------------------------------|------------------------|

Upon approval we will contact you to finalise your travel arrangements
After you have faxed this, please mail the ORIGINAL copy to:

MSL Travel Sdn Bhd, GPO Box 11365, 50742 Kuala Lumpur
Please Complete the Form Legibly. Thank you

(MSL Travel Sdn Bhd has the right to reject any Payment Advice)