



Authorization Form

To,
Manager,
Cleartrip Private Ltd.

I _____ here by authorize the below Travelers

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

To travel on Cleartrip ID _____ booked using my Debit/Credit card

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With Expiration date

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For payment of _____

Name of the Cardholder :- _____

Signature of the Cardholder

Debit/Credit Card Billing Address:-

Your completion of this form helps us to protect you, our valued customers, from Debit & Credit card frauds. Complete and send all the documents to RCU@cleartrip.com.