

Authorization Letter

I/We, merchant Koung Thy Royal Ti Penh. Cambodia to withdraw th		ngkat Tonle Bas	
Cardholder Name:			
Passport/ID Number:			
Address:			
Card Type:	Master Card		Visa Card
Card Number:			
Name on Card:			
Card Expiry Date:			
CVV (Nº 3 digits)			
Purchase d Service/Product:			
Authorized Amount:			
Authorized Amount in Word:			
We would require:			
Cardholder Signature: Date:_		Date:	
Kindly enclose photocopy of	of hoth sides (front & ha	ck) of your cre	edit card & nassnort

Head Office: #41, Sangkat Tonle Basac, Khan Chamkamon, T: (855-23) 6956 696 I F: (855-23) 997 947 I M: (855-17) 288 183
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