



CREDIT CARD AUTHORIZATION FORM

I, _____, authorize Naipenda Safaris, LLC, to charge US\$ _____, to my credit card listed below.

Name as it appears on the card: _____

Card type: _____

Card Number: _____

Expiration date: _____

Security code if applicable (3 numbers listed on the back) _____

Billing address for the credit card: _____

Zip code: _____

Please include your signature below and FAX this sheet to: 830-238-4191

Signature

www.naipendasafaris.com

TANZANIA: P. O. Box 6060 • Arusha, Tanzania • 255-27-250-8758
USA: P. O. Box 587 • Hunt, TX 78024-0587 • Phone: 888-404-4499 • Fax: 830-238-4191