

DATE : _____

TO Director of Marketing
Layang Layang Island Resort
Unit A-0-3, Megan Avenue II
12, Jalan Yap Kwan Seng
50450 Kuala Lumpur
Tel : 603-2170 2185 Fax : 603-2730 9959
E-mail : res@avillionlayanglayang.com



Guest Name _____

Tour Code _____

ID Number N/A

RE : Credit Card Payment For Trip To Layang Layang Island from _____ to _____

Please charged USD _____ to my credit card details as follows:-

* Exchange Rate : USD1 = MYR3.2 (wef 5 Oct 2011 :subject to change)

VISA

MASTERCARD

Card No. Security Code

Expiry

Cardholder Name _____

Signature _____ KINDLY FAX PHOTOCOPY OF CARD [FRONT & BACK]

For Office Use Only

TO : The Authorizer
Credit Card Centre

RE : Approval Code

Kindly provide the approval code for the above transaction.

Approval Code

Date

Authorizer _____

Company Stamp

Thank you.

Layang Layang Island Resort Sdn Bhd (228897 D)

Letter Box No. 12, Block A, Unit A-0-3, Megan Avenue II, 12 Jalan Yap Kwan Seng, 50450 Kuala Lumpur, Malaysia
Tel : 603-2170 2185 Fax : 603-2730 9959 Email : res@avillionlayanglayang.com