



INDEMNITY OF PAYMENT

Name/Designation

	hiopian Airlines		
In cons	sideration of Ethiopian Airlines accepting the purc	hase of this booking reference Where	
]]]	I have authorize this purchase using my credit card at I have authorize this purchase using my credit card by Others (please Specify)		
For the	below ticket(s) and agreeing to carry the passe	nger(s) on Ethiopian airlines flight(s) mentioned below,	
Ticket N		Date of Departure/Return City of Departure/Destination	
	ame:, Passport/ID Number:		
E-Mail	Address:	, Telephone Number:	
Billing /	Address (as it appears on statement):		
_	s)	he above mentioned ticket(s) as reflected on the	
Used fo	(Specify the Card ty or the payment of the above stated Ticket(s) made	be / Card number/ Currency and Amount) de to the purchasing credit card.	
Name 8	& signature of Credit card holder	 Date	
	This Document must be signed and dated, supported with a	copy of the signatory's photo identification	
2.	The signatory of this document must present, the purchasing credit /debit card with proof of residential address		
3.	By signing this document, you agree to use your own credit card, debit card, which is held in your own name, and in		
	consideration of Ethiopian Airlines accepting the signatory's payment for the above purpose , to indemnify and hold harmless		
	Ethiopian Airlines from any loss arising from the non-acceptance or rejection by the relevant payment account issuer (for any		
	reason) of the original transaction, and to forthwith upon demand by Ethiopian Airlines pay the whole amount owing for the		
	transaction in whatever form Ethiopian Airlines shall require.		
4.	The information in this document is strictly confidential and we will securely store by Ethiopian Airlines for a period no longer		
	than is deemed required by Ethiopian Airlines.		
	For Ethiopian Airlines Handling Staff -	eForms	
	This document is verified and approved by:		

Signature

Date