



Fax Payment Order
FAX: +20 2 391 7339

Please fill this form completely, attach a photocopy of the **front** and **back** of your credit card and a copy of your passport, and fax to: +20 2 391 7339. Thank you.

First Name: _____

Middle Name: _____

Last Name: _____

Reservation No. (found in your confirmation email): _____

I hereby grant to pay to Sherry Nile Cruises:

The **amount** of: _____ US Dollars

Re: Cruise Date: Day: _____ Month: _____ Year: _____

Name of Program (check one only):

- Itinerary 3 Nights / 4 Days Aswan / Luxor (every Friday)
- Itinerary 4 Nights / 5 Days Luxor / Aswan (every Monday)
- Itinerary 7 Nights / 8 Days Luxor / Luxor (every Monday)
- Itinerary 7 Nights / 8 Days Aswan / Aswan (every Friday)

No. of Cabins: Single: _____ Double: _____ Triple: _____ Suite: _____

Credit Card:

Visa MasterCard **Card Number:** _____

Name as shown on Credit Card: _____

Expiry Date: Day: _____ Month: _____ Year: _____

Signature: _____

Today's Date: Day: _____ Month: _____ Year: _____

Please don't forget to attach a photocopy of the **front** and **back** of your credit card and a copy of you passport. Thank you for your payment.