

# CREDIT CARD AUTHORIZATION FORM



Please read all the details carefully before completing. This form must be completed in full before tickets can be issued.

PNR: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Name of Passenger (s): \_\_\_\_\_

Billing Address: \_\_\_\_\_

No P.O.Box or international Addresses

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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Amount to Charge: \$ \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(CID): \_\_\_\_\_

Located on back of card or front in AMEX

Cardholder's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

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An actual imprint of the client's credit card must accompany this form. Please include a UCC form with the cardholder's signature. For third party credit cards also include copy of cardholder's driver's license.

Please note that you are purchasing a Highly Restrictive, Non-Refundable Airline Ticket that carries Cancellation penalties imposed by the airline and cannot be disputed.

**By signing above you have agreed to all terms, cancellation fees, rules, and service fees.**