

AIRPORT TRAVEL

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CREDIT CARDHOLDER'S AUTHORIZATION

In lieu of my credit card imprint, I, _____, hereby
authorize _____ to charge my credit card number
_____ Exp. _____ in
the amount of \$_____ for the payment of the arrangements made by
myself and those I have designated here:

_____	_____
Name of Passenger(s) if different from Cardholder	Relationship with the cardholder
_____	_____
Name of Passenger(s) if different from Cardholder	Relationship with the cardholder

My billing address : _____
Street

_____ City _____ State _____ Zip

Phone numbers : Business _____ Residence _____
Area code and number Area code and number

By signing below, I understand and acknowledge the charges described hereon. I acknowledge payment in full is to be made when billed or in extended payments in accordance with the standard policy of the company issuing the credit card. I waive my rights to dispute these charges.

Cardholder signature : _____

Date: _____

IMPORTANT:

Please provide a photocopy of Credit Card < Front & Back > and Driver's License or Passport of the cardholder.

**If you are sending these documents by facsimile, please mail the originals to Airport Travel at the address shown at the top of this form.*

<For Office Use>

InvoiceNo. _____ Ticket No. _____

Ticket Issuing Date: _____