

## Credit Card Authorization Form

In lieu of my credit card imprint, I, \_\_\_\_\_,  
(Name of cardholder as shown on CC)

Hereby authorize \_\_\_\_\_  
(Issuing Carrier / Travel Agent Name)

To charge my \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_  
(Credit Card Name/Number) (Expiration date) (CC Code)

In the amount of \$ \_\_\_\_\_ as payment for myself  
And of \_\_\_\_\_  
(Full name(s) of passenger(s) other than cardholder)

For Itinerary as follows \_\_\_\_\_  
(Complete routing)

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

Home Phone: \_(\_\_\_\_)\_\_\_\_\_

Office Phone: \_(\_\_\_\_)\_\_\_\_\_

NOTE: Identification is required. Please provide photocopy of the CREDIT CARD (front and back) and passport or Driver's License of the Cardholder.

By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of the company issuing card for these non-refundable Ticket(s).

THESE TICKETS ARE NON REFUNDABLE AND HAS A PENALTY TO MAKE ANY CHANGE TO THE TICKET.

X \_\_\_\_\_  
(Signature of Cardholder)

For TRAVEL AGENCY VALIDATION only: (TKT#) \_\_\_\_\_  
FOR VATI TRAVELS, INC