

## 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 nonrefundable 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