



CREDIT CARDHOLDER'S AUTHORIZATION

In lieu of my credit imprint, I _____ hereby
(Name of Cardholders as shown on credit card)

Authorize CLUB AMERICA TRAVEL & TOURS, INC. to charge _____
(Credit Card Name)

(Credit Card Number) (Expiration Date) (Security Code) (Issuing Bank Name and Phone No)

in the amount of \$ _____ for payment of transportation of myself and / or

(Full name of passenger other than Cardholder)

For itinerary as follows _____
(Complete Routing)

My Billing Address: _____

Phone: _____
(Home) (Work) (Mobile)

E-Mail Address: _____

Important: Please provide photocopies of credit card (both side) and Passport or driver License of Cardholder.

- Note: *No fare is guaranteed until ticketed
*All fares are subject to penalties/cancellation fees
*Please contact respective embassies/consulates for Visa/Passport information.

By Signing below, I acknowledge charges described here on. Payment in full is to be made when billed or in extended payments in accordance with standard policy of the company issuing the cards.

X _____
Signature of Cardholder

X _____
Date

This form must be submitted to Club America Travel & Tours, Inc. ticket office prior to ticket issuance. Incomplete information of false statements shall be considered sufficient cause of denial of ticket.