

AIRWAY TRAVELS

Travel Your Way

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1749 Vancouver Green, Fremont, CA-94536

CREDIT CARD AUTHORIZATION FORM

In lieu of my card imprint as required by airline reporting corporation section 8.4,

I _____

(Name of the Card holder as on Card)

here by authorize *Airway Travels LLC*, Consolidator or issuing agent or Carrier to charge an amount of **US\$** _____ to my AMEX / VISA / MASTER

CARD # _____ **EXPIRATION** _____

for payment of transportation for myself and / or

for the following trip _____

Billing Address:

Phone (Home): _____

Phone (Work): _____

Phone (Mobile): _____

I will support this authorization with photocopies of my Credit card (front & back) and a federal id such as driver's license or a Passport faxed here with. By signing below, I acknowledge full liability for the charge described herein. Payment in full will be made when billed in accordance with standard policy of Bank issuing the card. I am aware that these tickets are non-refundable and Subject to a penalty form charge as specified by my travel agent.

X _____

Signature of Cardholder

Date