



196-15 Foothill Avenue, Hollis , NY 11423.

Tel / Fax : 718-470-2619

sales@reserve2travel.com

Credit Card Authorization

In lieu of my Credit Card Imprint, I _____
Name of Card Holder as shown on Card

Hereby Authorize _____ // _____ RESERVE 2 TRAVEL _____
(Issuing Carrier) (Travel Agent Name)

To charge _____ // _____ // _____
(Credit Card Name) Credit Card Number Expiration Date

In the Amount of: \$ _____ for payment of my air tickets / tour package / transportation
Print Clearly

and / or _____
Full Name of Passenger If other than Card Holder

and / or _____
Full Name of Passenger If other than Card Holder

For the following Itinerary : _____
(Complete Routing only)

Cardholder's Billing Address : _____

Cardholder's Telephone # : _____ // _____
(Home) (Office / Cell)

Credit Card company's Telephone # _____

PLEASE BE ADVISED THAT by signing below, I acknowledge charges as described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card.

I also acknowledge that I am aware that the purchased ticket(s) is/are:
NON REFUNDABLE OR Refundable/Exchangeable with applicable Airline's **PENALTIES & AGENT SERVICE FEES** and must be processed by issuing agent only.

Cardholder's Signature : _____ Date: _____/2010

Please Note : Identification is required. Please provide copy of the Credit Card (Front & Back) and Passport or Driver's License of Cardholder. It should also be noted that this form must be submitted to RESERVE 2 TRAVEL Office prior to ticket issuance. Incomplete information or false statement shall be considered sufficient cause for denial of ticket.