

Credit Card Number:ssuing Bank/Phone No. :				Expiration Month/Year:		
		1				
Name of Passenger(s		elation card holder)	DOB	Passport No.	Passport Expiry	
nc. to charge the above-mention Service fee will be charged in casonce credit is approved.	ed amount to my cred	lit card for the p	ourpose of purc	chasing airfare for the	passengers identified above	
Credit Card Holder's Det	ails					
Name :						
Address :	Apt :					
City :	Zip Code :					
				X		
				(Credit Card hol	der's authorized signature)	
lome Phone :				•	der 3 danierized signature)	
Cell Phone:						
Email :						
Drivor's Liconso No:				lecued in :		

Please send us back with your signature

Please attach a photocopy of the credit card (front & back) and a photocopy of the card holder's driver's license.