

CREDIT CARD AUTHORIZATION FORM

In Lieu of my Credit Card imprint, I _____
(Cardholder's Name)

hereby authorize _____ / _____
(Airline) (Travel Agency Name)

to charge my _____ _____ _____
(Card type) (Credit Card Number) (Exp)

in the amount of \$ _____ for payment of Airline Tickets for myself
and/or _____
(Full Names of the Passengers as they are on the Picture-ID)

My billing address is _____

City / State / Zip code _____

Tel (W) _____ (H) _____ (C) _____

Mailing Address _____
(Address where you want tickets to be mailed)

Please fax us a copy of your Driver's License and Credit Card (front & back) both.

(Signature of Cardholder)

(Date)

Air King Travel & Tours, Inc.