

CREDIT CARD AUTHORIZATION FORM

Card Holder Name: _____
(LAST NAME) (FIRST NAME) (MI)

Card Number: _____ Exp. Date ____/____

Card Type: Visa MasterCard American Express Discover (please circle one)

Home Phone Number: (____)____ - _____ Work Phone Number: (____)____ - _____

Address _____ City _____ State ____ Zip _____

Amount to be charged to the Credit Card listed above USD _____

Passenger Names: _____

Outbound Date _____ From _____ To _____ Airline _____

Return Date _____ From _____ To _____ Airline _____

I hereby authorize my travel agent to verify the above information as well as to charge the agreed fare. I consent that I understand the rules and regulations of the airlines I am flying on including all fees and penalties that may apply.

Signature X _____ Date _____

**PLACE YOUR DRIVER LICENSE
COPY HERE**

**PLACE YOUR CREDIT CARD
COPY HERE**

No outbound flight change. Cancellation fee USD 350. Penalty may apply for return date change.

Ph: 408-884-3800 Cell: 408-416-1337 | 20800 Valley Green Dr. Cupertino CA 95014

Please fill in the above information and imprint a light copy of your credit card and drivers license

Thank you for choosing Pol2Pole Travel for your travel needs.