



Credit Card Authorization form

This form must be FULLY completed before tickets can be issued

I _____ give full authorization to **payless4travel LLC** and their supplier **AND AIR LINES** and I will not challenge such amount charged on my credit card for the purpose of paying for air tickets for the passengers identified below. I also declare that I am aware that some restrictions may apply to the tickets purchased by this transaction and that I am satisfied that such restrictions have been explained to me.

Name of Passengers: _____

Date of Departure:(date/place)_____ **To**(destination)_____

Issuing Bank:_____ and Telephone No: _____

Credit Card Holder Name: _____

Credit Card Holder Tele #: _____ **Credit Card Type:** VI/ MC/ AX

Credit Card Holder Add:_____

Credit Card Number _____ **Exp.**_____ **ccv#**_____

Total Amount to be charged to Credit Card \$

All tickets are non-refundable

Card Holder's signature: _____

Signed at (city)_____ **on(Date)**_____

Please attach photocopy of credit card (front and back) and driver's license. Photocopies must be legible for acceptance.

Please fill up the form completely and fax to **1855 447 4490** OR send the scanned image through e-mail at info@payless4travel.com