

WORLD TRAVEL NETWORK

CREDIT CARD AUTHORIZATION FORM

Please fill out the following information and revert via Fax.

In lieu of my credit card imprint, I _____
(Name of Credit Card holder)

hereby authorize _____
(Travel Agent Name and Company)

to charge my _____
(Credit Card Name) (Credit Card Number) (Exp.)

in the amount of \$ _____ for payment of transportation

of myself and/or _____
(Full Name(s) of Passenger(s) if other than cardholder)

for itinerary as follows : _____
(Complete Routing Only)

My billing address : _____

Home # _____ Work # _____

NOTE : Please provide Front & Back Photostat Copy of the Credit Card and Drivers License of the Credit Card holder, for proper identification. Failure in doing so may result in non issuance of travel documents.

I hereby acknowledge charges described hereon, and payment in full to be made when billed or in extended payments in accordance with standard policy of the Credit Card Company issuing the Credit Card mentioned above.

X _____
(Signature of Card Holder)

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