



**5158 Mowry Avenue Fremont CA 94538**

**Phone: 510-790-3434 Fax: 510-790-3720**

E-MAILS:- [KUMAR@VIPTRAVELS.COM](mailto:KUMAR@VIPTRAVELS.COM)  
[ARCHANA@VIPTRAVELS.COM](mailto:ARCHANA@VIPTRAVELS.COM)  
[SUMATHY@VIPTRAVELS.COM](mailto:SUMATHY@VIPTRAVELS.COM)  
[NIRU@VIPTRAVELS.COM](mailto:NIRU@VIPTRAVELS.COM)  
[SUKH@VIPTRAVELS.COM](mailto:SUKH@VIPTRAVELS.COM)

**CREDIT CARD AUTHORIZATION FORM**

IN LIEU OF MY CARD IMPRINT AS REQUIRED BY AIRLINE REPORTING CORPORATION

SECTION 8.4, I, (card holder name) \_\_\_\_\_

HERE BY AUTHORIZE V.I.P TRAVEL TO UTILIZE AN AMOUNT OF USD \$ \_\_\_\_\_ FROM

MY AM-EXPRESS/DISCOVER/VISA/MASTER/DINERS CARD

# \_\_\_\_\_ EXPIRATION \_\_\_\_\_ FOR

TRANSPORTATION FOR MYSELF AND/OR \_\_\_\_\_

FOR THE FOLLOWING ROUTING \_\_\_\_\_ INCLUDING

ALL OR ANY TRAVEL SERVICE FEE.

MY BILLING ADDRESS FOR THE CARD USED IS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MY HOME PHONE# \_\_\_\_\_ BUSINESS# \_\_\_\_\_

CELLULER PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

**I WILL SUPPORT THIS AUTHORIZATION WITH PHOTOCOPIES OF MY CREDIT CARD(FRONT & BACK) AND A FEDERAL ID SUCH AS DRIVER'S LICENSE OR A PASSPORT FAXED HERE WITH.**

**BY SIGNING BELOW, I ACKNOWLEDGE FULL LIABILITY FOR THE CHARGE DESCRIBED HEREIN.PAYMENT IN FULL WILL BE MADE WHEN BILLED IN ACCORDANCE WITH STANDARD POLICY OF BANK ISSUING THE CARD.I AM AWARE THAT THESE TICKETS ARE NON-REFUNDABLE AND OR SUBJECT TO A PENALTY FOR CHANGE AS SPECIFIED BY MY TRAVEL AGENT.**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

NOTE: CANCELLATION/CHANGE PENALTY OF \$300.00 OR MORE PLUS FARE DIFFERENCE APPLIES ON ALL TICKETS. MOST OF THE DOMESTIC TICKETS ARE NON-REFUNDABLE.

**\* ALL DOMESTIC AND INTERNATIONAL TICKETS ARE NOW ISSUED AS ELECTRONIC TICKETS. ONLY E-MAIL CONFIRMATION WILL BE SENT . PLEASE PRINT YOUR ITINERARY AND CARRY WITH YOU WHILE TRAVELING AS A PROOF OF TICKETING.**

THIS FORM MUST BE COMPLETED IN FULL AND ALL INFORMATION MUST BE TRUE AND CORRECT IN ORDER FOR TICKET ISSUANCE TO BE COMPLETED.

ATTN: \_\_\_\_\_ MEAL PREF \_\_\_\_\_ SEAT PREF \_\_\_\_\_ F.FLYER NR \_\_\_\_\_

PLEASE NOTE YOUR STATEMENT MAY SHOW SINGLE OR MULTIPLE CHARGES NOT TO EXCEED AUTHORIZE AMOUNT.