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CREDIT CARD AUTHORIZATION FORM

IN LIEU OF MY CARD IMPRINT AS REQUIRED BY AIRLINE REPORTING CORPORATION SECTION 8.4, I

(NAME OF THE CARD HOLDER AS SHOWN ON THE CARD)

HERE BY AUTHORIZE V.I.P TRAVEL TO UTILIZE AN AMOUNT OF USD \$ FROM MY AM-EXPRESS / VISA / MASTER 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

Blank lines for billing address

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 SUBJECT TO A PENALTY FOR CHANGE AS SPECIFIED BY MY TRAVEL AGENT.

(SIGNATURE) & PRINT NAME (DATE)

NOTE: CANCELLATION PENALTY OF \$300 OR MORE APPLIES ON ALL CANCELLED TICKETS. I UNDERSTAND ALL TICKETS ARE ELECTRONICS AND IF IT'S A PAPER TICKET SHIPPED VIA REGULAR U.S MAIL FREE OF CHARGE. IF LOST OR STOLAN I AM FULLY RESPONSIBLE FOR IT OR ADD \$ 10.00 WHITHIN CALIFORNIA OR \$ 25.00 OUT OF STATE 2ND DAY DELIVERY VIA SCHEDULED COURIER SERVICES.PLEASE CHECK ONE BOX BELOW.

- () ELECTRONIC TICKET DO NOT REQUIRE ANY MAILING. EMAIL CONFIRMATION WILL BE SENT.
() SEND REGULAR MAIL.
() SEND OVERNIGHT AND CHARGE MY CREDIT CARD FOR ABOVE AMOUNT.
IF NONE OF THE ABOVE BOXES WERE CHECKED WE WILL SEND REGULER MAIL.
() WILL PICK UP.

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