

AccessFares

2624 Thomas Avenue • Dallas, TX 75204
214-369-4999 • 888-318-4287 • 214-296-4613 fax

Credit Card Authorization Form

To expedite the handling of this request, please complete this form.

Attn: _____
Phone: _____
Fax: _____
E-Mail: _____

Return To: _____
Phone: 214-369-4999
Fax: 214-296-4613
E-Mail: info@accessfares.com

Passenger Name(s)	Itinerary	Dates of Travel
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tickets have the following restrictions:

Refundable: No Yes, Fee Upgradeable: No Yes Mileage Accrual: No Yes
Changeable: No Yes, Fee

Seat Pref.: _____ Meal Pref.: _____ Referred By: _____
Mileage No. & Airline (if applicable): _____ Invoice No. _____

I hereby authorize Access, Inc. and/or its affiliates to debit my account for this transaction with the restrictions indicated, requested via telephone, e-mail, fax or letter.

Account No: _____ Exp: _____

Amount: \$ _____ Customer No: _____ Corporate Personal

Customer Signature: _____ Date: _____

Deliver Documents To:	Credit Card Billing Address:
_____	_____
_____	_____
_____	_____
Phone: _____	Phone: _____

The above charges may include fees for professional services. Access, Inc. and/or its affiliates will not be held liable for any amounts above what the client paid Access, Inc. for the ticket(s). Authorized changes are to be made through our office only. Any deviation from these restrictions may void ticket(s). This form is not a confirmation and is for payment purposes only.

We thank you for your business!