

AccessFares

2616 Thomas Avenue • Dallas, TX 75204
214-369-4999 • 888-318-4287 • 214-296-4613 fax

Check 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: _____

| 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 _____, changes made through our office only

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.

Check No: _____ Amount: _____ \$ _____ Date Sent: _____
Customer Signature: _____ Date: _____

Deliver Documents To:

| | |
|--------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| 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!