

Credit Card Authorization Form

PLEASE READ ALL DETAILS CAREFULLY BEFORE COMPLETING

PNR/Passenger Name: _____

Name of Cardholder: _____

Billing Address: _____

City State/Province and Postal Code: _____

Telephone #: _____

Amount to Charge: \$ _____

Credit Card No: _____ Exp. Date: _____

(CID) located on back of card or front: _____

ARC/IATA Number: _____

For third party credit cards also include copy of card holder's driver's license. The above mentioned travel agency will accept full responsibility for Charge-Backs, Disputes, and other Non-Payments by the passenger or Credit Card Holder. AccessFares will obtain Credit Card Authorization. Please note that you are purchasing an Airline Ticket that carries Cancellation penalties imposed by the airline and cannot be disputed.

Travel Agencies, please note for Credit Card charges made on AccessFares merchant account, a Non-Refundable 3% service fee will be added to the total amount charged.

By signing below, you have agreed to all terms, cancellation fees, rules, and service fees.

Cardholder's Signature: _____