

Credit Card Authorization Form

Notes:

1. Fill the Details and sign the form. This form is fillable.
2. Provide copy of drivers License
3. Provide copies of Credit Card. For best results make a **light copy** of the card and make an enlarged copy.

Send using any of the 3 options below.

1. Fax all the papers to: **559-272-2213**
2. Scan it and email all the images to: **info@vegatravel.com**
3. Take photos with Digital Camera and email all the images to: **info@vegatravel.com**

Cardholder Details:

I, _____, hereby authorize **Ethihad Airlines**, to charge following
(Name as shown on the card)

Credit Card the amount of \$ _____ , _____
(Amount in dollars) (Amount in words)

American Express Master Card Visa (Check One)

Card Number: _____

Expiration Date: _____

Credit Card Customer Service Phone Number: _____

Credit Card Statement Address: _____

Cardholder's Phone#: _____

Passenger Details:

Passenger Name(s): _____

Date of Travel: _____

I understand that if I change schedule / Cancel after ticket(s) is issued, Airline will charge penalties.

Also I understand, after Ticket(s) is issued Changes in Schedule or Cancellation by Airline, is not the responsibility of Vega Travel.

X _____
(Card Holder's Signature)