



Credit Card Authorization Form

PLEASE READ ALL DETAILS CAREFULLY BEFORE COMPLETING

- PNR: _____
- Name of Cardholder : _____
- Billing Address: _____

- No P.O. Box or international Addresses
- City State/Province: Postal Code: _____
- Telephone #: _____
- Amount to Charge: \$ _____
- Credit Card No: _____ Exp. Date: _____
- (CID) located on back of card or front : _____
- Cardholder's Signature: _____
- ARC/IATA Number:** _____
- Cardholder Signature:** _____

An actual imprint of the client's credit card must accompany this form. Please include a UCC form with the cardholder's signature. For third party credit cards also include copy of cardholder'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. Cosmopolitan Travel Service will obtain Credit Card Authorization. Please note that you are purchasing a Highly Restrictive, Non-Refundable Airline Ticket that carries Cancellation penalties imposed by the airline and cannot be disputed.

Travel Agencies, please note for Credit Card charges made on Cosmopolitan Travel Service merchant account, a Non-Refundable 4% service fee will be added to the total amount charged.

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