

Attn: \_\_\_\_\_

Fax number: (585) 272 0395



### Credit Card Authorization Form

Please complete the following information print and fax or email with an enlarged, light photocopy of the credit card (front and back) and passport or driver's license of the cardholder for verification. These documents are required to process your bookings. All information will be held in the strictest confidentiality.

I, \_\_\_\_\_ (cardholder's name) hereby acknowledge and authorize Travel Ease and or it's suppliers to charge my credit or debit card for the amount of US\$ \_\_\_\_\_, towards the purchase of airline tickets / travel packages or services for myself and the following:

*\*\*\* TSA's Secure Flight Program requires that you provide your name as it appears on the identification document used when travelling, date of birth and gender. Any name changes after your tickets are issued will incur penalties.\*\*\**

**Names as per passport: (Last name / First name / Middle name)**

- 1. \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_  M  F
- 2. \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_  M  F
- 3. \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_  M  F
- 4. \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_  M  F

Itinerary: \_\_\_\_\_ By: \_\_\_\_\_

Type of card:  Visa  MasterCard  Discover  AMEX

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_ Security code: \_\_\_\_\_

**My billing address:**

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email address: \_\_\_\_\_

Cardholder's ID Verification: Please circle one and fill the number  
Passport / Driver License # \_\_\_\_\_ Expiration date: \_\_\_\_\_

By signing below, I agree and intend this Authorization to act as an "imprint" of my credit, debit and charge card in lieu of the actual imprint. I have reviewed the itinerary to verify that it is correct. I am also aware of the applicable restrictions and/or penalties and service fees related to this purchase. There may be several different charges pertaining to this authorization, but the total will not be more that the authorized amount.

I acknowledge charges described hereon, the payment in full to be made and billed accordance with standard policy of company issuing credit card.

Signature of card holder: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Please ensure that you possess valid documentations (passport, visas & inoculations) for the countries you transit /visit. It is recommended that you purchase Travel Insurance.

Insurance accepted: Yes  Declined