SAMY'S TRAVEL

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Credit Card Authorization Form

Name of the cardholder:		_ (If
corporate card, Print company name	e and cardholder Name)	
Credit Card Number:	Expiration Date:	
Issuing Bank:	Telephone No:	
CC Billing Address:		
	(B):	
Name of Passenger(s):		
	Travel Agency Name:	
Authorized charge amount in USD \$	Signature:	
Please Read Carefully Before Signing	3:	
Card for the above-mentioned amounted the charges described herein and	ereby authorize Samy's Travel (ticket issuer) to charge my Creunt. By signing this form, I ACKNOWLEDGE receipt of ticket(s d I am aware that the tickets are NON-REFUNDABLE and oth es and I am satisfied that such restrictions have been explain orm are true and correct.	s) for ner
Card Holder signature:	On Date:	
DI FACE ATTACH DUOTOCODY OF CD	AFRIT CARR (FROMT AND RACK) AND RRIVERSC LICENCE	

PLEASE ATTACH PHOTOCOPY OF CREDIT CARD (FRONT AND BACK) AND DRIVER'S LICENSE. PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE. NO EXCEPTIONS.