



CREDIT CARD AUTHORIZATION FORM

Contact Phone: 1-844-811-1132

Contact E-mail: ccv@cheapflightsfares.com

Please fax the following items:

- (1) This Credit Card Authorization Form
- (2) Photocopy of Credit Card (Both Sides) and
- (3) Photocopy of Credit Card Holder's Driver's License OR Passport Picture and Signature Page.

Please include your six-digit reference code: _____

NAMES OF ALL TRAVELERS TRAVELING USING THIS CREDIT CARD:

- 1) _____ Charge Amount per Adult _____ Child _____ Infant
_____ (Last Name) (First Name)
- 2) _____ Charge Amount per Adult _____ Child _____ Infant
_____ (Last Name) (First Name)
- 3) _____ Charge Amount per Adult _____ Child _____ Infant
_____ (Last Name) (First Name)
- 4) _____ Charge Amount per Adult _____ Child _____ Infant
_____ (Last Name) (First Name)

Fill in CREDIT CARD TYPE

Visa MasterCard American Express Discover Card

Card Holder's Name: _____

Credit Card Number: _____ (Print Clearly)

CVC Number: _____ (last 3-4 digits of number on back of card)

Expiration Date: ____ / ____

Billing address where you receive credit card statements:

Card Holder Phone: _____

Card Holder Work Phone: _____ Cell _____

I, _____ charge my card for the above booking. I understand that in the event of cancellation, a penalty may be assessed, as stated by **Cheap Flights Fares LLC**.

Customer Sign: _____

Date: _____