

CREDIT CARD HOLDER'S AUTHORIZATION FOR AIRLINE TICKETS

In lieu of my credit card imprint I _____

(Name of cardholder as shown on the Credit Card)

hereby authorize _____ or _____

(AZANIA Travel)

(Issuing Carrier, i.e. SAA, KLM, BA)

to charge my _____ / _____ / _____

Credit Card Issuer

Credit Card Number

Expiration Date

In the amount of \$ _____ for payment of transportation of myself

(Print amount clearly)

and/or _____

(Full name(s) of passenger(s) if other than cardholder)

for itinerary as follows: _____

(Routing: i.e. JFK-JHB-CPT -ATL-JHB-CPT)

My billing address: _____ Phone: (Home) _____

_____ (Office) _____

Address to mail tickets and delivery instructions including phone number of receiving party.
FEDEX does not deliver to P.O. Boxes.

NOTE: To protect our customers, identification is required. Please provide Photostat copy of the credit card (Front & Back) and passport or drivers license of cardholder.

By signing below, I acknowledge charges described herein. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. I understand that cancellation penalties may apply and the rebooking and refund policies are governed by terms and conditions provided with the written itinerary.

X _____

(Signature of cardholder)

This form must be submitted prior to ticket issuance. Incomplete information or false statements shall be considered sufficient cause for denial of ticket.

RETURN VIA EMAIL OR FAX TO:

info@azaniatravel.com

212.513.7716

www.azaniatravel.com