



CREDIT CARD HOLDER'S AUTHORIZATION FORM

In lieu of my credit card imprint, I, _____,
(Name of cardholder)

hereby authorize _____
(Issuing Carrier/Travel Agency Name)

to charge my _____/
(Credit Card Name/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: _____
(complete routing only, i.e. first & last dest. , OW, RT)

My billing address: _____ phone(H)-() _____-

_____ phone (O)-() _____-

NOTE: Identification is required. Please provide Photocopy of the credit card (front & back) and passport or photo government ID of card holder.

By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. In addition, I acknowledge discounted tickets carry penalties if charges or cancellations are made after ticketing.

X _____
(Signature of cardholder)

Travel Agency Validation

For RST accounting use only

TKT# _____

INV.# _____

REMARKS: _____

This form must be submitted to RST ticket office prior to ticket issuance. Incomplete information or false statements shall be considered sufficient cause for denial of ticket. **Please fax this form to 703-538-4912**