



Budget Tours & Travel Bureau

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CREDIT CARD AUTHORIZATION FORM

Please print this page and fax it to “ _____ ” along with front and back copy of your credit card and drivers licence. please fax enlarged and lighter copies.

In lieu of my credit card I _____
(Credit Card Holder Name)

here by authorize _____ it's affiliates to charge \$ _____

on my _____ Exp: _____
(Please write credit card type , number and expiration date)

For _____
(Passenger Name)

Cancellation charges (if totally unused) \$ _____

Change of Date fee (return flight only) \$ _____

I _____ Holder Signature: _____ FULLY UNDERSTAND
I THE NAME OF CREDIT CARD HOLDER OR PASSENGER AND SIGNATURE FULLY UNDERSTAND THAT THIS
PARTICULAR AIRLINE TICKET IS 100% NON-REFUNDABLE, HOWEVER I MAY BE ABLE TO CHANGE THE DATES
WITHIN 1 YEAR OF TRAVEL BU PAYING A CANCELLATION FEE OF \$425.00 PLUS ANY FARE DIFFERENCE. BY
SIGNING THIS AND ACKNOWLEDGING THIS I FULLY UNDERSTAND AND I ACCEPT WITHOUT ANY DISPUTE.

Restriction :

Travel agency is not responsible for meal request, seat request, mileage accrual or airline's schedule change. You must reconfirm passenger's meal / seat requests, flight reservation and schedule at least 72 hours prior to departure. If you are taking an international flight, please check visa requirements. It is your responsibility to obtain necessary documents to enter the country you are visiting.

Billing Address: _____

Phone (Home): _____ Phone (Work) : _____

Mailing Address: _____

Signature of the card holder : _____

Phone Number of your credit card Company : _____