

In order to authorize us to charge your credit card with the deposit and final payment related to your tour and air tickets (if purchased through us), kindly complete this form and fax it to us at 1.630.889.8278, along with a clear photocopy of the front and back of the related credit card.

In lieu of my credit card imprint, I \_\_\_\_\_ (Name of cardholder as shown on credit card)

hereby authorize A&S Travels, Inc. doing business under the name of A&S Journeys to charge my credit

card: Type of Card: \_\_\_\_\_ Card No: \_\_\_\_\_ CID #: \_\_\_\_\_

(Please include only the last four numbers, for your security)

Expiration Date: \_\_\_\_\_ US\$: \_\_\_\_\_

(Amount in words): \_\_\_\_\_

For payment of air tickets / tours / deposit / Insurance for myself and/or the following persons:

\_\_\_\_\_ (Name of persons other than credit card holder)

For Travel to: \_\_\_\_\_ Departing on: \_\_\_\_\_

My Billing address: \_\_\_\_\_ (street) \_\_\_\_\_ City/State \_\_\_\_\_ Zip  
Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

I acknowledge payment in full is to be made when billed in accordance with the standard policy of the company issuing the credit card. I waive my right to dispute these charges.

I have read and understand the Booking Conditions and am aware of cancellation penalties, which apply to this reservation and payment.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Credit Card Authorization Form**

**PLEASE READ CAREFULLY. THIS IS A LEGALLY ENFORCEABLE DOCUMENT**