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CREDIT CARD AUTHORIZATION FORM:

Please print this page and fax it to 201-221-8716 **along with front and back copy** of your credit card and drivers license. Please fax enlarged and lighter copies .

Itinerary:

Passenger Names: _____

Depart From: _____ Date: _____

Return From: _____ Date: _____

Airline/s: _____

I here by authorize ticket issuing agency to charge \$_____ for above Itinerary and passenger(s).

Restrictions :

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. It is your responsibility to have proper required documents (Photo ID, Passport, Visas etc) to board the flights.

Date Change Fee (return flight only) : \$_____

Cancellation Charge Per Person (Totally Unused)*: \$_____

*Cancellation charge includes airline penalty and agency service charges.

My credit card details are as follows:

Credit Card Number : _____ Exp. Date : _____

Credit Card Holder : _____

Phone No. : _____

Billing Address : _____

Credit Card Company Phone Number :

Card Holder's Signature :