# *CREDIT CARD AUTHORIZATION*

Date:_____

I, _____, hereby authorize Universal Travel System
(Name)
to charge by credit card: ( ) American Express ( ) Visa ( ) Mastercard
( ) Discover

Account#_____ Expires:_____
(Print clearly)

3 or 4 digit # on the back or sometimes the front of the card after the account#._____

The amount $_____ for payment of ( ) Air Transportation
( ) Tour Package

myself and/or_____
(Full name (s) of passengers other than cardholder)

for travel to_____ departing_____
(Indicate destination) (Date of travel)

My billing address is:_____
(Street address)

_____
(City, State, zip)

Phone_____ _____
(home) (office)

Fax:_____ E-mail:_____

I acknowledge charges described hereon. Payment in full to be made when billed or in extended payments in accordance with the standard policy of the company issuing the credit card.
Please attach front & back of credit card and valid driver license copy.

_____ _____
Signature of Card Holder Date

Note: Original copies must be mailed. Fax copies not accepted.