



CREDIT CARD HOLDER'S AUTHORIZATION

In lieu of my credit card imprint, I _____
(Name of the card holder as shown on credit card)

here by authorize **Axar Travel Services** to charge my MasterCard / Visa / Amex

Credit card # _____ Expiration Date ____/____/____

in the amount of USD _____ for the payment of Air tickets for following passenger(s).

Name of Passenger(s) 1. _____

2. _____

3. _____

for itinerary as follows _____

My billing address for the credit card used is _____

Phone Number: (Home) _____ (Mobile) _____

(Office) _____ Email ID _____

NOTE:

- **date change penalty 400usd +fare diff and ticket is nonrefundable**
- **Identification is required. Please provide photocopy of credit card. (Front and back side) and a federal or state ID such as a Driver's License or passport copy of card holder's.**
- **NO 3rd Party Credit Card Accepted.**
- **Cancellation/Refund/Change of date after the ticketing and before departure penalty applies.**
- **No refund for partially used ticket or after departure date.**
- **Some tickets are NON-REFUNDABLE in case of Cancel / No-Show.**

By signing below, I acknowledge charges described hereon, payment in full to be made when billed in accordance with standard policy of company/Bank issuing the card. If it is not paid by credit card company/bank, I will completely responsible for this amount.

Signature of cardholder _____ **Date:** ____/____/____

*This form must be submitted to **Axar Travel Services** office prior to ticket issuance, incomplete information or false statements shall be cause denial of ticket.

Please Fax the completed form to: **Axar Travel Services.** ATTN: _____

Tel: 770 921 2927 / eFax: 888 822 9279