

CREDIT CARD/CHECKING ACCOUNT AUTHORIZATION FORM

AGENT: _____

I AUTHORIZE THE USE OF **MY CREDIT CARD/CHECKING ACCOUNT** TO PURCHASE AIRLINE TICKET(S) AND/OR TRAVEL DOCUMENTS PROVIDED BY U.S. GATEWAY TOURIST, INC./GATEWAY HOLIDAY. PAYMENT IN FULL TO BE BILLED ACCORDINGLY TO THE CREDIT CARD SHOWN BELOW BY THE CORRECT INFORMATION GIVEN.

TOTAL AMOUNT TO BE CHARGED: \$ _____ (FARE&TAX) \$ _____ (OTHER FEE)

PASSENGER NAME: 1. _____ 2. _____

CREDIT CARD TYPE: () VISA () MASTERCARD () AMERICAN EXPRESS () JCB
 () DINERS CLUB () DISCOVER () DEBIT/CHECK
 CARD(VISA/MASTERCARD)

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____ / _____

CARDHOLDER NAME: _____ SECURITY CODE: _____

CURRENT ADDRESS: _____ RELATIONSHIP WITH PASSENGER: _____

TELEPHONE: (____) _____

CREDIT CARD BILLING ADDRESS: _____

TELEPHONE: (____) _____

PAYMENT FROM CHECKING ACCOUNT

NAME OF THE BANK AND TELEPHONE NUMBER: _____

CHECK NUMBER: _____

ACCOUNT NUMBER: _____

I ACCEPT FULL RESPONSIBILITY FOR TOTAL AMOUNT TO BE CHARGED AND UNDERSTAND ALL THE INFORMATION MENTIONED ABOVE.

 SIGNATURE(SAME AS IN BACK OF CARD)

 DATE

PLEASE ATTACH A COPY OF YOUR CREDIT CARD, FRONT AND BACK SIDES, IF NO COPY AVAILABLE PLEASE WRITE A REASON IN THE BOX.

CARD, FRONT SIDE

CARD, BACK SIDE