

ALIEN TRAVEL SERVICE

8 S Michigan Avenue, Suite 2102 | Chicago, IL 60603 | p 312.263.1972 | f 312.263.4966 | info@alientravel.com

CREDIT CARD AUTHORIZATION FORM

PASSENGER NAME(S): _____

Cardholder Name: _____

Billing Address: _____

City, State, Zip _____

Credit Card Type (Check one): VISA MASTERCARD DISCOVER AMEX

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Authorized Amount Charged: \$ _____ (USD)

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "Authorized Amount" field. If additional charges are going to be authorized a new form will have to be completed.

I understand the Alien Travel Service, Inc have arranged to facilitate this payment by credit card, only as a convenience to me and that they will have no control over the actions and/or operations of the airlines, cruise/tour operator, and/or other service providers selected. I therefore agree to hold Alien Travel Service, Inc, its employees and/or associates, harmless in case of any disputes that may arise with the airlines, cruise/tour operator, and/or other service providers selected.

Cardholder's Signature: _____

Date: _____

For the protection of the credit card holder, the credit card companies and travel industry require us to verify the signature of the cardholder. Along with this form, please submit a copy of the cardholder's Driver's License/ government-issued photo identification as well as a copy the front and back of the credit card.