

UNIVERSAL TRAVEL

4400 47TH AVE

SACRAMENTO, CA-95824

PHONE: 916-429-2711

FAX: 916-429-1910

CREDIT CARD AUTHORIZATION FORM

I _____ the credit card holder hereby authorize **UNIVERSAL TRAVEL** **TO CHARGE MY CREDIT CARD OR DESIGNATED SUPPLIER BY UNIVERSA TRAVEL TO CHARGE MY CREDIT CARD** as per particulars below. I fully understand and agree on the itinerary and restrictions on the ticket(s) already **Explained or Faxed/E-mailed** to me by **UNIVERSAL TRAVEL AGENT**. I am also fully responsible for **any Charge back dispute and Non-payment to Credit card Company or Issuing Bank**.

Please verify all the names and dates and fill out this form and **FAX BACK** with the copy of your **ID / DRIVER'S LICENCE & COPY OF THIS CREDIT CARD (BOTH SIDES)**.

Passenger(s) Name: _____ Amount: _____ MEAL PREFERENCE (IF ANY): _____

ITINERARY RECEIVED: YES _____ **X** _____ NO _____

CREDIT CARD NO: _____ **EXP DATE:** _____

CVC NO: _____ **AMOUNT TO BE CHARGED:**

CVC NUMBER IS THE LAST 3 NUMBERS ON THE BACK OF THE CREDIT CARD

CREDIT CARD HOLDER NAME : _____

Credit Card Holder's Signature : _____

CARD HOLDER BILLING ADDRESS: _____

Contact number in destination country: _____

Card Holder's Home Ph: _____ **Work Ph:** _____

Name of the Credit Card issuing Bank / Co.: _____

I VERIFY THE ITINERARY, NAME (S) AND TIMINGS OF THE FLIGHTS

DATE: _____ **SIGN:** _____

MAILING ADDRESS (IF DIFFERENT): _____

PASSENGER(S) TRAVELING PASSPORT INFORMATION:

Name as on passport:	Date of Birth Eg:23DEC1983	PASSPORT NUMBER	Passport expiration date: Eg:28AUG2020	ISSUED AT(Eg:USA)	Gender (Male or Female)