

# UP AND AWAY TRAVEL

347 Fifth Avenue, Suite 305, New York, NY 10016  
Tel: (212) 889 2345 Fax: (212) 889 2350 Web: www.upandaway.com



## CREDIT CARD-HOLDERS AUTHORIZATION

REF/PNR # \_\_\_\_\_

In lieu of my credit card imprint, I \_\_\_\_\_

here by authorize UP AND AWAY TRAVEL to charge my credit card,

Card Type: \_\_\_\_\_ (AMEX, VISA, MASTER, DISCOVER)

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

in the amount of USD \_\_\_\_\_ . \_\_\_\_\_ for the transportation of my self and/or

\_\_\_\_\_

ISSUING BANK NAME & TELEPHONE: \_\_\_\_\_

Itinerary as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Identification is required. Please provide Photostat copy of the credit card and passport or driver's license of the cardholder. By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of the credit card company.

**\*\*\* VERY IMPORTANT - PLEASE INITIAL APPLICABLE BOX BELOW \*\*\***

I AM AWARE THAT THIS TICKET IS VERY RESTRICTED AND PENALTIES WILL APPLY FOR ANY VOLUNTARY CHANGES OR CANCELLATION OF TICKETS.

I AM AWARE THAT THIS TICKET IS NON-REFUNDABLE AND NO CHANGES ARE ALLOWED.

SIGNATURE X \_\_\_\_\_

**Incomplete information or false statements shall be considered sufficient cause for denial of ticket.**