



Attn: _____

Fax number: (585) 272 0395

Credit Card Authorization Form

Please complete the following information print and fax or email with an enlarged, light photocopy of the credit card (front and back) and passport or driver's license of the cardholder for verification. These documents are required to process your bookings. All information will be held in the strictest confidentiality.

I, _____ (cardholder's name) hereby acknowledge and authorize Travel Ease and or it's suppliers to charge my credit or debit card for the amount of US\$ _____, towards the purchase of airline tickets / travel packages or services for myself and the following:

**** TSA's Secure Flight Program requires that you provide your name as it appears on the identification document used when travelling, date of birth and gender. Any name changes after your tickets are issued will incur penalties.****

Names as per passport: (Last name / First name / Middle name) and DOB (e.g. 01/JAN/1999)

- 1. _____ DOB: ___ / ___ / ___ M F
- 2. _____ DOB: ___ / ___ / ___ M F
- 3. _____ DOB: ___ / ___ / ___ M F
- 4. _____ DOB: ___ / ___ / ___ M F

Itinerary: _____ By: _____

Type of card: Visa MasterCard Discover AMEX

Card Number: _____ Expiration date: _____

Issuing Bank: _____ Security code: _____

My billing address:

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Phone (Work): _____ (Home): _____ (Cell): _____

Email address: _____

Cardholder's ID Verification: Please circle one and fill the number
Passport / Driver License # _____ Expiration date: _____

By signing below, I agree and intend this Authorization to act as an "imprint" of my credit, debit and charge card in lieu of the actual imprint. I have reviewed the itinerary to verify that it is correct. I am also aware of the applicable restrictions and/or penalties and service fees related to this purchase. There may be several different charges pertaining to this authorization, but the total will not be more that the authorized amount.

I acknowledge charges described hereon, the payment in full to be made and billed accordance with standard policy of company issuing credit card.

Signature of card holder: _____ Date: ___ / ___ / ___

Please ensure that you possess valid documentations (passport, visas & inoculations) for the countries you transit /visit. It is recommended that you purchase Travel Insurance.

Insurance accepted: Yes Declined