

FLY COMFORT TRAVEL & TOURS

7011 Calamo St, Suite 209

Springfield, VA,

22150

TEL: 1-888-512-6636 / FAX: 571-458-7029

**CREDIT CARD
AUTHORIZATION FORM**

Credit Card No: _____ Exp. Date: _____

Issuing Bank: _____ Tel No: _____

Security Code: _____ (You will find this at the back of your card)

Name of passenger(s) _____ (Date of Birth) _____

_____ (Date of Birth) _____

_____ (Date of Birth) _____

Authorized charge amount in US\$: _____ Confirmation Signature _____

PLEASE READ CAREFULLY

This is to confirm that, in keeping with all applicable laws, I, _____ (Name of credit card holder as shown on credit card) hereby authorized **FLY COMFORT TRAVEL AND TOURS**. To charge the above-mentioned amount on my credit card for the purpose of paying for their services for the passengers identified above. The credit card holder stated, has authorized this transaction and card holder will indemnify and hold **Fly Comfort Travel & Tours**. harmless with respect to these charges. It is understood and accepted that to provide additional security information, Front and the back of the credit card and the driver license.

Cancellation policy: Penalties and refunds may vary as per the services rendered.

I HEREBY PROMISE NOT TO DISPUTE OR CONTEST THESE CHARGES ONCE THE CREDIT IS APPROVED

X _____
(Credit Card holder's authorized Signature)

Credit Card Holder's Billing Address

Signed at (city) _____ Date _____

Home Phone _____

Work Phone _____ Fax: _____

Driver's License No. _____ Issued in _____

PLEASE ATTACH PHOTOCOPY OF CREDIT CARD (front & back) AND A PHOTOCOPY OF DRIVER'S LICENCE. PHOTOCOPIES MUST BE VERY CLEAR FOR ACCEPTANCE. NO EXCEPTIONS.

(The best way to do this is to make a light copy and enlarge the photocopy of the credit card)