



KLASSIQUE TRAVELS, INC.

CREDIT CARD AUTHORIZATION FORM

467 EAST TREMONT AVE, BRONX NY 10457

Tel:718-733-1310, Fax:347-597-8860.Email: Info@klassiquetravels.com. www.klassiquetravels.com

IN LIEU OF MY CREDIT CARD I,

.....

CARD HOLDERS NAME AS IMPRINTED ON THE CARD

HEREBY AUTHORIZE KLASSIQUE TRAVELS INC TO CHARGE MY CARD

.....

CREDIT CARD TYPE CARD NUMBER EXPIRATION CVV#

IN THE AMOUNT OF \$.....FOR THE PAYMENT OR AIRLINE TICKET FOR MYSELF AND /OR

.....

FULL NAME(S) OF PASSENGER(S) IF OTHER THAN THE CARD HOLDER

FOR INTINERARY AS FOLLOW:

.....

I UNDERSTAND THE TICKETS ARE NON-REFUNDABLE

NOTE: A COPY OF THE FRONT AND BACK OF CREDIT CARD AND A COPY OF DRIVER'S LICENSE ARE ALSO REQUIRED

CARD BILLING ADDRESS:

.....(.....)

STREET CITY STATE ZIP CODE PHONE NUMBER

I ACKNOWLEDGE RECEIPT OF AIRLINE TICKETS AND FOR RELATED CHARGES HEREON AND AM AWARE OF THE APPLICABLE RESTRICTIONS AND/OR PANELTIES ON TICKTET(S) . I ALSO UNDERSTAND TICKETS ARE NON-REFUNDABLE AND NON TRANSFAREABLE

SIGNATURE..... DATE.....