



110 West 34 Streets, Suite #305, New York, NY10001
1170 Nostrand Avenue, Brooklyn NY11225
121-04 Liberty Avenue, South Richmond Hill, NY11419

www.travelspan.com

Tel: 212 268 4632, Fax: 212 268 4633
Tel: 718 774 9725, Fax: 718 774 9729
Tel: 718 845 0437, Fax: 718 843 1229

I, _____ hereby authorize Travelspan, Inc., its employees, agents and authorized representatives, to charge my

___ **VISA** ___ **MASTER CARD** ___ **AMERICAN EXPRESS** ___ **DISCOVER**

card in the amount of \$ _____ USD.

This amount charged is for the purchase of air transportation and travel related expenses for the following persons:

PAX 1 _____ PAX 2 _____ PAX 3 _____

PAX 4 _____ PAX 5 _____ PAX 6 _____

PAX 7 _____ PAX 8 _____ PAX 9 _____

Reservation/Confirmation # _____

Credit card information:

Credit Card Number _____ Exp. Date ___/___

Name as shown on credit card _____

Street address _____ City _____ Zip _____

State _____ Country _____

Home Phone _____ Work Phone _____

Email address _____

[NOTE: Credit card holder must produce the credit card and a valid drivers license or passport. Travelspan agent or employee must verify same and attach photocopies of the front and back sides of each document with all data legible to this form.]

I, _____ acknowledge the validity of these charges and agree that I am fully, solely and irrevocably liable for them. MY SIGNATURE BELOW VERIFIES THAT THIS IS AN ABSOLUTE AND UNCONDITIONAL GUARANTEE. Transportation may not be refundable, or significant cancellation penalties may apply, if the passenger(s) do not use the transportation purchased or make changes to their itineraries. Travelspan, Inc. is under no obligation to attempt collection from any passenger. In the event that the credit card issuer does not pay the full amount or charges all or any portion back to Travelspan, I remain fully liable for the balance. Travelspan may enforce this agreement in any court having jurisdiction.

Signature _____

Date _____



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Passenger information:

PAX 1 _____ PAX 2 _____ PAX 3 _____

PAX 4 _____ PAX 5 _____ PAX 6 _____

PAX 7 _____ PAX 8 _____ PAX 9 _____

Street address _____ City _____ Zip _____

State _____ Country _____

Reservation/Confirmation # _____ Home Phone _____

Total purchase price of transportation: \$ _____

I, _____, acknowledge that the above described transportation has been purchased for me/us using a credit card held by _____

I further acknowledge that this transportation has been purchased at my/our request and for my/our benefit. Transportation may not be refundable, or significant cancellation penalties may apply, if the passenger(s) do not use the transportation purchased or make changes to their itineraries. I/we acknowledge the validity of these charges. MY/OUR SIGNATURE(S) BELOW VERIFIES THAT THIS IS AN ABSOLUTE AND UNCONDITIONAL GUARANTEE. In the event that the credit card issuer does not pay the full amount or charges all or any portion back to Travelspan, I/we remain fully and irrevocably liable for the balance. Travelspan is under no obligation to pursue the credit card holder for payment. Travelspan may enforce this agreement in any court having jurisdiction.

[NOTE: Each passenger must produce a valid driver's license and/or passport. Travelspan agent or employee must verify same and attach photocopies of the front and back sides of each document with all data legible to this form.]

Signature _____

Date _____

I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPON(S) FOR RELATED CHARGES DESCRIBED HEREON AND AM AWARE OF APPLICABLE RESTRICTIONS AND/OR PENALTIES AS SHOWN ON SUCH TICKET(S) AND/OR COUPON(S).

UNIVERSAL CREDIT CARD CHARGE FORM

DATE AND PLACE OF ISSUE

CARRIER CODE

2. CARDHOLDER COPY

IF EXTENDED PAYMENT APPLICABLE, CIRCLE NO. OF MONTHS

X

DATE OF ISSUE

3 6 9 12 _____

NAME OF PASSENGER IF OTHER THAN CARDHOLDER

OTATO NO.

CONNECTION OF PASSENGER WITH SUBSCRIBER

APPROVAL CODE

COMPLETE ROUTING

FARE BASIS

CARRIER

AIRLINE

FORM

SERIAL NO.

**TICKETS NOT TRANSFERABLE
NO CASH REFUNDS**

CREDIT CARD NAME/CODE

FARE TOTAL ROUTE CODE

TAX

EQUIV. AMT. PD.