

Print out and fax to: 1-415-371-8084

CREDIT CARD AUTHORIZATION

In lieu of my credit card imprint (name as it appears on credit card) :

Name: _____

HEREBY AUTHORIZE **PALMAIR TRAVEL** OR IT'S AGENT TO CHARGE MY:
(AX, VI, MC,)

*ACCOUNT #: _____
EXP. _____

CREDIT CARD CUSTOMER SERVICE (800 #): 1-800-_____

*IN THE AMOUNT OF: \$_____ FOR MY PAYMENT TRANSACTION.

*FOR MYSELF AND (PASSENGER NAMES):

1. _____ 2. _____

3. _____ 4. _____

*MY HOME TELEPHONE # IS: _____

*MY WORK TELEPHONE # IS: _____

***ADDRESS WHERE CREDIT CARD STATEMENT IS RECEIVED:**

STREET _____ APT# (OR SUITE) _____

CITY _____ STATE _____ ZIP CODE _____

***ADDRESS WHERE TICKET IS TO BE MAILED:**

STREET _____ APT# (OR SUITE) _____

CITY _____ STATE _____ ZIP CODE _____

BY SIGNING BELOW, I ACKNOWLEDGE CHARGE DESCRIBED HERON. PAYMENT IN FULL TO BE MADE WHEN BILLED OR EXTENDED PAYMENT IN ACCORDANCE WITH STANDARD POLICY OF THE COMPANY ISSUING THE CARD.

SIGNATURE: X _____

*THIS FORM MUST BE TRANSMITTED TO PALMAIR TRAVEL, FAX 415-371-8084, PRIOR TO TICKET ISSUANCE.
INCOMPLETE OR FALSE INFORMATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF TICKET.

(VERY IMPORTANT) PLEASE MAKE COPIES OF CREDIT CARD FRONT AND BACK WITH A COPY OF CARD HOLDER'S DRIVER'S LICENSE AND TRANSMIT ALONG WITH THIS FORM.