

**CREDIT CARD HOLDER’S AUTHORIZATION FORM**

In lieu of my Credit Card, I (Name of credit card holder)

hereby authorize “Worldwide Travel, Inc”, and/or the vendor/airline on which I am traveling to charge my credit card which details I have included below:

[ ] [ ] [ ] (CREDIT CARD NUMBER) (EXPIRATION DATE) (SECURITY CODE)

[ ] BILLING ADDRESS – STREET, CITY, STATE, ZIP or POSTAL CODE)

[ ] (MAILING ADDRESS IF DIFFERENT FROM BILLING ADDRESS)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorized Amount Total in USD $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Passenger name with Date of Birth)

1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB Date//Month//Year\_\_\_\_\_//\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB Date//Month//Year\_\_\_\_\_//\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB Date//Month//Year\_\_\_\_\_//\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB Date//Month//Year\_\_\_\_\_//\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB Date//Month//Year\_\_\_\_\_//\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

By signing this authorization I agree that I shall not decline, reject or challenge such amount charged on my credit card for the purpose of paying for air tickets and/or related services for the passengers identified above. I also declare that I am aware that restrictions (non-Refundbale) may apply to the tickets/services purchased and that I am satisfied that such restrictions.I do understand that Worldwide Travel Inc. acts only as agents for the operators of related services. Furthermore, I understand and agree that Worldwide travel Inc. accepts no responsibility for any injury, damage, loss, accident, delay or irregularity that may occur in connection with the performance of these services. I acknowledge that this charge is non-refundable.

Cancellation Policy: Once payment is made. It will be non-refundable.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the cardholder), take full responsibility for the charges on the account described above.

[ ] [ ]

(SIGNATURE OF CARD HOLDER) Date

[ ] [ ] (DAYTIME TELEPHONE NUMBER) (CELULAR TELEPHONE NUMBER)

**IMPORTANT**

# Please fax this form together with the front and back copies of the ( credit card and Passport ).

# Fax # : 1-888-231-1531

# Head Office: Worldwide Travel, Inc 1026 16th Street, NW Suite # 104 Washington, DC 20036

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