



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-Refundable) 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) (CELLULAR 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