



Atlanta International Travel Inc.

7050 Jimmy Carter Boulevard Suite 202 Norcross GA 30092 United States of America

Phone: 770-449-7272 Fax: 770-449-0567

This form must be FULLY completed before tickets can be issued.

Authorization FOR CREDIT CARD USE

Credit Card #: _____ Exp Date: _____

Issuing Bank: _____ and Phone No: _____

CC Holder Name: _____

CC Billing Address: _____

Phone No: (Res) _____ (Work) _____

Name of Passenger (s): _____

Authorized charge amount in USD \$: _____

Confirmation Signature: _____

PLEASE READ CAREFULLY

I give full authorization to Atlanta International Travel _____ (Travel Agent) and _____ (Airline) to charge the above mentioned amount charged on my credit card as identified above and shall not decline, reject or challenge such amount charged on my credit card for the purpose of paying for air tickets for the passengers identified above.

I also declare that by signing here I'm aware that some restrictions may apply to the tickets purchased by this transaction and that I am satisfied that such restrictions have been explained to me.

Card Holder's Signature: _____

Signed at (City) _____ on (Date) _____

Please Fax to (770) 449-0567

**PLAEASE ATTACH COPY OF CREDIT CARD (FRONT AND BACK)
AND DRIVER'S LICENCE FOR VERIFICATION.**

PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE. NO EXCEPTIONS