## **CREDIT CARDHOLDER'S AUTHORIZATION**

In lieu of my credit card imprint, I,		
	of my credit card imprint, I,	
hereby authorize		
Credit card name	Credit card #	Eve
Credit card name	Clean cara #	Exp
in the amount of \$	for the payment of the	ransportation of myself and/or
Full name (s) of passengers if other that	n cardholder as name appears on	passport (s)
for itinerary as follows:		
Complete routing		
My billing address:		
		_
		_
home phone: ()	work phone:(	_)
Note: Identification is required. Plea passport or driver's license of cardho		t card (front and back), and
By signing below, I acknowledge ch		ent in full to be made when
billed, or in extended payments in a	ccordance with standard policy	of company issuing card.
Signature of cardholder		Date
Your signature serves as evidence the regulations as stipulated herein (inclu- right and responsibility of the purch and or obtain clarifications of said re-	luding but not limited to the re- aser to request full explanation	fund of the ticket). It is the
This form must be received prior to shall be considered sufficient cause		formation or false statements
Mail completed form with decum		

Mail completed form with documents to: Judy Ivison 2538 Turquoise Circle Chino Hills, CA 91709