

HN TRAVEL

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Attention:

CREDIT CARDHOLDER'S AUTHORIZATION

IN LIEU OF MY CREDIT CARD IMPRINT, I, _____

NAME OF CARDHOLDER (AS SHOWN ON CREDIT CARD)

HEREBY AUTHORIZE _____
(CREDIT CARD NAME) (CREDIT CARD NUMBER)

(EXPIRATIONDATE) (CC. ID #)

IN THE AMOUNT OF \$ _____ FOR THE PAYMENT OF TRANSPORTATION OF

MYSELF AND / OR: _____
(FULL NAME (S) OF PASSENGERS IF OTHER THAN CARDHOLDER AS NAME APPEARS ON PASSPORT (S))

FOR ITINERARY AS FOLLOWS: _____
(COMPLETE ROUTING ONLY)

MY BILLING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NOTE: IDENTIFICATION IS REQUIRED. PLEASE PROVIDE PHOTO COPY OF CREDIT CARD (FRONT & BACK AND, PASSPORT OR DRIVER'S LICENSE OF CARD HOLDER.)

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

X _____
SIGNATURE OF CARDHOLDER DATE

THIS FORM MUST BE RECEIVED BY **HN TRAVEL** PRIOR TO TICKET ISSUANCE. INCOMPLETE INFORMATION OR FALSE STATEMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF TICKET!

FAX THIS FORM WITH DOCUMENTS TO: (909) 447-5872