

## **CREDIT CARDHOLDER'S AUTHORIZATION**

I,		Hereby Authorize the Fol	lowing Vendor:
(Name of The Card	holder as shown on Credit Card)		
	DACC		
	Name of Hotel Airlin	ne, Tour Operator or Other)	<del></del>
	(Name of Floter, Anni	ic, Tour operator of other)	
To Charge My Credit Card			
		(Card Number &	Expiration Date)
In the Amount of:			
in the minount of.			
\$ Amount in writing			
For Payment for the Followin	g Services:		
	(List se	rvices purchased - airline tickets, hotel accommodations, etc.	)
For Myself and/or			
1 of whysen and/or	(Full names	of Passenger(s) if Other than the Cardholder)	
My Billing Address:			
T-1			
Telephone Number:	(Home)	(Office)	
	(Home)	(onice)	
I decline to purchase travel in	surance offered		
•	(Please i	nitial)	
***Please provide copies of th	e Credit Card (Front & Ba	ck) and Passport or Driver's License	
By signing below I acknowledge charges de in accordance with standard policy of the co		nade when billed or in extended payments	
in accordance with standard policy of the co	ara issuing company.		
X		Date:	
(Signature of The Cardholde	er)		

- -Cancellation penalties apply. Some services may be 100% non-refundable.
  Please reconfirm your reservations directly with the airline 72 hours prior to your flights
- Airline check-in required at least 2 hours prior to departure
- Obtaining all necessary travel documents passports, visas, etc. is responsibility of the passenger
- Travel agent not responsible for any circumstances beyond control

This agreement is made under the laws of the City and State of New York, whose courts shall have exclusive jurisdiction to resolve any disputes arising from this transaction