

## **CREDIT CARD HOLDER'S AUTHORIZATION FORM**

In lieu of my Credit Card, I	
(Name of credit card holds hereby authorize "Worldwide Travel, Inc", and/or the ver credit card which details I have included below:	
11	11
(CREDIT CARD NUMBER)	(EXPIRATION DATE) (SECURITY CODE)
BILLING ADDRESS – STREET, CITY,	STATE ZIP or POSTAL CODE)
I	
(MAILING ADDRESS IF DIFFERENT FROM BILLING ADDRESS)	
Email:A	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-Refundbale) 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
[] [] [] []	(CELULAR TELEPHONE NUMBER)
<u>IMPORTANT</u>	
Please fax this form together with the front and back copies of the ( Credit Card and Passport ).  Fax #: 651-644-8815  Head Office: Worldwide Travel Inc, 2395 University Ave West Suite, # 222, ST Paul, MN 55114	