



Reservation Number: _____

Attention: _____
(SITA Reservation Agent Name)

Fax to SITA: 818 990 9762

CREDIT CARD CHARGE AUTHORIZATION (PLEASE TYPE OR PRINT CLEARLY)

Travel Agency Name: _____ ARC # _____

Address: _____

City: _____ State: _____ Zip: _____

Tel#: _____ Fax#: _____

Client Names: _____

PLEASE COMPLETE AND OBTAIN CARDHOLDER'S SIGNATURE ON THIS FORM AND RETURN WITH COPY OF THE CARDHOLDER'S DRIVER'S LICENSE IN ORDER TO VERIFY SIGNATURE.

I, _____, hereby authorize SITA World Travel, Inc. to charge to my credit card for travel expenses in the amount indicated. The issuer of the card identified on this item is authorized to pay the amount shown as total upon proper presentation. I agree to pay such total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card. I waive my right to dispute these charges. I have read the terms, conditions and cancellations policy and agree to same.

Credit Card Information:

Amex (15 digits)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exp date (mmyy)

--	--	--	--

Security Code

--	--	--	--

Visa / Mastercard / Discover (16 digits)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exp date (mmyy)

--	--	--	--

Security Code

--	--	--	--

Amount \$

--	--	--	--	--	--	--	--

Print name as it appears on card _____

Cardholders billing address _____

City _____ State _____ Zip _____

Telephone/Daytime _____ Evening _____

Cardholder Signature:

X _____ Departure Date _____

For official use only:

Date: _____ Approval No. _____

Office Location: _____ Invoice No. _____ Ticket No. _____

PLEASE RETURN TO FAX: 818-990-9762
SITA World Travel, Inc. 16250 Ventura Blvd, Suite 300 Encino, CA. 91436

