

Credit Card Authorization Form

In lieu of my credit card imprint I, _____
(Name of cardholder as shown on card)

Hereby authorize GULF TRAVEL AND TOURS, INC. to charge my _____
(Credit card name)

Card number _____ Expiration Date ____/____
(mm / yy)

in the amount of _____

For payment of transportation of my self and/or _____

My billing Address	Telephone

_____	Home _____
_____	Work _____

****Note: Identification is required.** Please provide Photostat copy of the credit card (front & back) and the passport or drivers license of cardholder.

By signing below, I acknowledge charges described hereon and shall not decline, reject or challenge such amount charged on my credit card for the purpose of paying for air tickets for the passengers identified above.

payment in full to be made when billed or in extended payment in accordance with standard policy of company issuing the card.

I also declare that I am aware that some restrictions may apply to the tickets Purchased by this transaction and that I am satisfied that such restrictions have been Explained to me.

X

(Signature of cardholder)

**** This form must be submitted to our agency ticket office prior to ticket issuance.
Incomplete information and/or false statements shall be considered sufficient cause for denial of ticket(s).**

PLEASE FAX IN FOR FASTER SERVICE (713-789-7014)