



C&H International use only Date: _____ Ticket No: _____ Invoice No: _____
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7740 E. Garvey Ave. Rosemead, CA 91770  
Phone (866) 266-5264 Fax (626) 573-8273

**AIR CREDIT CARD CHARGE AUTHORIZATION FORM**  
**(Third party credit cards are not accepted)**

Itinerary: \_\_\_\_\_

Booking Number: \_\_\_\_\_ Record Locator: \_\_\_\_\_

Carrier Name(s): \_\_\_\_\_

Passenger name(s): 1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_

Credit Card Type: American Express    MasterCard    VISA    Discover

Cardholder's Name: \_\_\_\_\_


Credit Card Number: \_\_\_\_\_

Exp. Date(MM/YY): \_\_\_\_\_


CVV2: \_\_\_\_\_

Total Amount Charged: \$ \_\_\_\_\_

American Express



MasterCard & VISA



Cardholder's Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Note: Identification is required. Please provide Photo copy of the credit card (front and back) and Passport or driver's license of cardholder.**

By signing below, I authorize C&H International to charge my credit card for the amount described above. Payment in full to be made when billed or in extended payments in accordance with standard policy of credit card issuing company. I future acknowledge that I have been informed of the cancellation and refunds policies of C&H International and agree to the terms and conditions. I waive my right to dispute these charges.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Travel Agent Name: _____ Agency Name: _____ Address: _____ Phone Number: _____ Fax Number: _____  <b>Please Fax this form and supporting documents to (626) 573-8273</b>
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