



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: _____ Please Fax this form and supporting documents to (626) 573-8273
