

ANY SEASON TRAVEL

105-25 64 Ave.,
Forest Hills, NY 11375
Phone: (718) 896- 2400
Fax: (718) 896- 3388

AUTHORIZATION FOR CREDIT CARD USE

Credit Card Number: _____ Expiration Date: _____

Issuing Bank: _____ Bank Telephone No. _____

CC Holder Name: _____

CC Billing Address: _____

Phone Number (H): _____ (B): _____

Name of Passenger(s) _____

Authorized charge amount in USD: \$ _____ Confirmation signature: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I give full authorization to AST (ticket issuer), _____ (Travel Agent) and _____ (Airline) to charge the above mentioned amount on my credit card as identified above 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. I also declare that I am aware that some restrictions may apply to the tickets purchased by through transaction and that I am satisfied that such restrictions have been explained to me.

Cardholder's signature: _____

Signed at (city): _____ on (date). _____

**PLEASE ATTACH PHOTOCOPY OF CREDIT CARD (front & back)
AND DRIVER'S LICENSE.**

PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE. NO EXCEPTIONS.