

CREDIT CARD AUTHORIZATION FORM

IMPORTANT INSTRUCTIONS:

- Fill in all fields on form
- Print the page
- Fax to **(214) 905-5009** along with a photocopy of the credit card (front and back) and a photocopy of the card holder's Passport or State ID (Driver's license).

<input type="checkbox"/> American Express	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
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CREDIT CARD HOLDER INFORMATION
First Name:
Last Name:
Credit Card Number:
Credit Card Expiration Date:
Total Amount (USD):
Passenger Names: <div style="margin-left: 40px;">1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____</div>
Billing Address:
Home Number:
Office Number:
Cell Phone Number:
Fax Number:

In lieu of my credit card imprint, I _____, hereby authorize **COSMOS TRAVEL, INC** and/or their representative to charge my Credit Card for the amount shown above. By signing below, I acknowledge the charges described above. Payment in full to be made when billed or in accordance with the policy of the company issuing the credit card.

Credit Card Holder Signature: _____

Today's Date: _____

Note: After we receive sign credit card form, if any reason you cancel or change of your tickets, you may have to pay the penalty fees. Please contact us for full terms and conditions.