

**Credit Card Authorization Form**  
*(Fax completed forms to 310.202.1554)*

This form must be completed before tickets can be issued. All sections and calculations must be complete. The customer's credit card billing address must be complete. A signature from the authorized signer must still be obtained for corporate cards. Delivery charges will only be charged once.

Screative Travel will obtain the approval on the credit card. Screative Travel will usually accept Visa, Master Card, American Express and Discover, other credit cards and some destinations are subject to approval by airline. Screative Travel or AIRLINE/CONSOLIDATOR may appear on the cardholder's statement. We do not accept Debit Cards or Third Party credit cards. Please note: In addition to any Screative Travel and airline penalties, 4% of total charge may also be non-refundable on cancellations.

**Any changes must be phoned to Screative Travel. 310.202.1554 or 310.895.6186**

**Cardholder's passport or drivers license and Credit Card photocopy required.**

NAME as shown on CREDIT  
CARD: \_\_\_\_\_

CREDIT CARD TYPE:    VISA    MC    AMEX    DISC    OTHER

CREDIT CARD NO: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration date

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CARD HOLDER'S HOME PHONE: \_\_\_\_\_

RECORD LOCATOR: \_\_\_\_\_      Booking Agent: Screative Travel

**NAMES OF ALL PASSENGERS TRAVELING USING THIS CREDIT CARD:**

- 1) \_\_\_\_\_ Charge Amount per Adult    Child    Infant  
   (Last Name)            (First Name)
- 2) \_\_\_\_\_ Charge Amount per Adult    Child    Infant  
   (Last Name)            (First Name)
- 3) \_\_\_\_\_ Charge Amount per Adult    Child    Infant  
   (Last Name)            (First Name)
- 4) \_\_\_\_\_ Charge Amount per Adult    Child    Infant  
   (Last Name)            (First Name)
- 5) \_\_\_\_\_ Charge Amount per Adult    Child    Infant  
   (Last Name)            (First Name)
- 6) \_\_\_\_\_ Charge Amount per Adult    Child    Infant  
   (Last Name)            (First Name)

I hereby authorize SCREATIVE TRAVEL OR HIS CONSOLIDATOR OR AIRLINE to charge my card in the amount of

**TOTAL CHARGE = \_\_\_\_\_**

\$ \_\_\_\_\_ for payment of tickets for all the above passengers.

In lieu of my card imprint, I hereby authorize you to utilize the above amount from my/our card, details which (card) given above for transportation for myself and/or pax mentioned above -as per record locator mentioned above. I will support this authorization with photocopies of my credit card and federal ID such as Driving License or a Passport faxed herewith. By signing below, I acknowledge full liability for the charge described herein. Payment in full will be made to card issuing authority as per terms of card issue.

\_\_\_\_\_  
(SIGNATURE OF CARD HOLDER)

(MUST BE SAME AS SHOWN OF CARD)