

Lowfare to Travel Inc.

CREDIT CARD PAYMENT AUTHORIZATION FORM

Attn Agent: _____

In lieu of my credit card imprint as required by Airline Reporting Corporation Section 8.4,

I, _____ (Cardholder's Name) hereby authorize Lowfare to Travel Inc. and/or the ticket issuing airline to charge an amount of US\$ _____ from my credit card.

Card Type: American Express / VISA / Master Card / Discover / Diners (Please check one)

Card Number: _____

Expiration: _____

Billing Address for Credit Card: _____

City _____

State _____ ZIP _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Passengers: 1. _____ 2. _____
3. _____ 4. _____

Route: _____

By signing below, I accept full liability for the charges described herein. Payment in full will be made when billed in accordance with the standard policy of the bank issuing the card. I am aware that these tickets are non refundable and subject to a penalty from charge as specified by my travel agent.

All Credit Card payments must be supported by copies (front and back) of the Credit Card used and a Federal ID such as Driver's License or Passport.

**Most airline tickets are Electronic Tickets delivered by Email or Fax. **

Note: A cancellation penalty of US\$ 275.00 or more applies on cancellation of all tickets.

Signature

Date

This form must be completed in full and all information must be true and correct in order for ticket issuance to be complete.

Fax this form to (510) 790 0400
or Email to payment@lowfaretotravel.com

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