

Royal Travel & Tours, Inc.

Credit Card Authorization

In Lieu of my credit card imprint, I		
Cardholders name as on credit card		
hereby authorize Royal Travel and T	<i>Tours</i> to charge my	
credit card type (visa, mc, amex)		expiration date (month/year)
	as payment for airline tickets for m	
in the amount of \$	as payment for an fine tickets for in	rysen and/or the individual(s)
full name(s) of passenger(s) if other than	ı cardholder	
listed above, for the following itinera	ary:	
I understand that tickets are non-refunda	ıble	
Note: Identification is req CREDIT CARD AND PA	uired. Please provide photocopy of ASSPORT OR DRIVERS LICE	of front and back of NSE of card holder.
Billing Address:		
street		
city	state	zip code
Home Phone ()	Office ()	
	e charges described hereon. Payment in fu accordance with standard policy of com	
XSignature of cardholder		
IMPORTANT INFORMATION:		
1. Please provide your contact numbe	er for verification: ()	
2. Select a delivery option [] Fed-Ex/Airborne [] E-Ticket [] PTA [] Office Pick-Up		
Fax completed form to: (718) 29	93-5581	