

UniWorld Travel

TICKET(S)/PACKAGE AUTHORIZATION FORM

Fax: (415) 387-9688 e-mail: info@traveluniworld.com

In lieu of my credit card imprint, I, _____,
(CARDHOLDER'S NAME AS SHOWN ON CREDIT CARD)

hereby authorize Uniworld Travel or issuing carrier, to charge my _____
(CREDIT CARD TYPE)

Credit Card _____, ____ / ____ / 20 ____
(CREDIT CARD NUMBER) (EXPIRATION DATE)

in the amount of \$ _____ for payment of the Airfare/Package for myself and/or _____
(USD)

(FULL NAME(S) OF PASSANGER(S) OTHER THAN CARDHOLDER)

for itinerary as follows: _____
(COMPLETE ROUTING ONLY)

My Billing Address: _____ Phone: _____
(STREET # / STREET NAME / UNIT #) (DATE TIME PHONE)

(CITY) (STATE) (ZIP CODE) (WORK PHONE)

NOTE: Credit Card holder must sign and fax or e-mail this form, along with photocopy of the Credit Card (Front & Back) and State Issued Photo ID or Passport.

By signing below, I acknowledge charges described hereon, to be charged by Uniworld Travel or issuing carrier. Payment in full to be made when billed or processed at the time of ticketing. I have read and agreed to UniWorld Travel Terms & Conditions, I agree that all information provided is accurate to the best of my knowledge and that by signing below I agree to pay the amount displayed as the "Total Price" with the credit card number provided. I am the owner and rightful user of the credit card used in this transaction. I understand that policies purchased with intentionally inaccurate/fraudulent information will be considered void and I may be subject to legal action.

Signature of Cardholder: _____ Date: _____
(PLEASE SIGN HERE)

Please fax or e-mail this form back to us after signing!