

Credit Card Letter of Authorization

I, _____ authorize Simply Innovative Travel, Inc., and its authorized agency to charge my credit card (as listed below), the amount of \$ _____. I/We acknowledge and accept the rules and penalty set by Simply Innovative Travel, Inc. in the event of changes or cancellation. I/We accept full responsibility for charge-backs, disputes and other nonpayments by the passenger, credit cardholder, credit card company or issuing bank.

Passenger(s) Name(s):

Conf. No.:

Card Holder Information

Credit Card No.:

Exp. Date:

Name:

Billing Address:

Phone (Office):

Ext.

Phone (Home):

Fax:

E-Mail:

Valid Driver's License No.:

State:

Exp. Date:

I _____ am the above mentioned cardholder. I acknowledge charges described hereon. Payment is full to be made when billed or in extended payments in accordance with standard policy of company issuing card. I understand that I am purchasing a highly restricted or non-refundable airline ticket that carries very high cancellation penalties.

Card Holder's Signature

Date

NOTE: IDENTIFICATION IS REQUIRED. PLEASE PROVIDE A LEGIBLE PHOTOCOPY OF CREDIT CARD (FRONT & BACK) AND PASSPORT (PHOTO PAGE) OR DRIVER'S LICENSE OF THE CARDHOLDER. DOCUMENTS WILL NOT BE RELEASED UNTIL RECEIPT OF THIS COMPLETE FORM. INNOVATIVE TRAVEL SERVICES, INC. FAX NUMBER (408) 716-7000. ATTENTION: ACCOUNTING