



CREDIT CARD AUTHORIZATION FORM

**Please call 1(718)439-8625 to confirm this ticket order.
All fields of this form must be completed before tickets can be issued.**

Travel Company Name: _____ Phone Number: _____

To: Atlas Travel Group

This is to confirm that, in keeping with all applicable laws, we are instructing Atlas Travel Group, to issue the Tickets for the Record Locator mentioned below against the following Credit Card. It is expressly understood that the amount charged does not include or constitute any additional fees related to our acceptance of credit cards as a form of payment, unless permitted by law. We further represent that, the credit card holder stated below has authorized this transaction and that we will indemnify and hold Atlas Travel Group harmless with respect to these instructions. It is understood and accepted that to provide additional security for our benefit, Atlas Travel Group may verify the credit card holder's billing address and deliver the ticket(s) directly to that billing address. It is further understood and agreed that we accept full responsibility for the amount due to Atlas Travel Group, if the cardholder (our customer) rejects the credit card charge for any reason whatsoever, even if we are unable to collect the amount due from our customer.

Record Locator/GDS: **Amount to be charged:**

Credit Card Type: VISA MC AMEX DISC OTHER

Credit Card Number:

CCV: **Exp date:** /

Cardholder's name as it appears on the credit card:

Cardholder's billing address:
Street:

City: State: Zip:

Please fax copies of **both sides of the customer's credit card and driver license** along with this form as soon as possible. Keep in mind that if we do not receive this information, we will not be able to obtain the approval, therefore, payment will not be applied, and booking may be canceled.

Cardholder's phone number:

Cardholder's Signature:

IS THE CARDHOLDER TRAVELING?

 Yes No

IS THE CARDHOLDER PAYING FOR MORE THAN ONE PURCHASE?

 Yes No

I (Travel Agent) _____ authorize to charge my client's credit card.
For the above booking, I understand that in the event of cancellation, a penalty may be assessed, as stated by Atlas Travel Group.

Travel Agent Signature & Date _____

ONLY US billing address accepted.

Delivery service charges may apply. Charge per package: Next day up to \$30.00, otherwise electronic ticket will be issued.

Payment terms: Tickets will only be issued upon receipt of payment.

Cancellation policy: Penalties and refunds vary per airline. Please call us or check our website for all cancellation policies.

Atlas Travel Group Fax Number: (347) 694-4108

Email: info@atlastvl.com