

CREDIT CARD AUTHORIZATION

In Lieu of My Credit Card Imprint, I _____
NAME OF CARD HOLDER AS SHOWN ON THE CARD

Hereby Authorize **Atlas Trip Inc**

Utilize an Amount totaling USD _____ from my American Express / Visa / Master / Discover / Diners Card

Card No. _____ Expiry ____/____ CVV Code _____

Credit Card 24 hour Card member Service Tel. #: _____

For Transportation for Myself and/or _____

**Relationship: (W: Wife - D/S: Daughter/Son - P: Parent - O: Other please specify)*

Name	Gender	DOB (Date of Birth)	Relationship

For the Following Routing _____

I understand that the tickets to be issued may have; restrictions, be non-refundable/refundable, change fees and penalties.

My Billing Address for the Credit Card used is:

Street: _____ City/State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Fax: _____ E-mail: _____

I WILL SUPPORT THIS AUTHORIZATION WITH SCANNED PHOTOCOPIES OF MY CREDIT CARD (FRONT & BACK) AND A FEDERAL ID SUCH AS A DRIVER'S LICENCE OR A PASSPORT.

**BY SIGNING BELOW, I ACKNOWLEDGE FULL LIABILITY FOR THE CHARGE DESCRIBED HEREIN. PAYMENT IN FULL WILL BE MADE WHEN BILLED IN ACCORDANCE WITH STANDARD POLICY OF the BANK ISSUING THE CARD.
E-mail this form back to ATTN : ASHRAF.**

Signature: _____

Date: _____