

RETAIL AGENTS

CREDIT CARD FORM

Travel Agent: Please obtain a signed imprinted UCC form in addition to filling out this form.

Agency Name: _____ Agent's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Passenger Name(s): _____

Departure Date: _____ Class of Service: _____

Return Date: _____ Class of Service: _____

Record Locator: _____

Send tix to our agency by: Mail Fed-EX (Extra \$17.00)

Please circle one: Mastercard Visa American Express

Credit Card #: _____

Expiration Date: _____ Cardholder Name: _____

Billing Address: _____

In the amount of: _____

I AGREE TO PAY THIS AMOUNT & UNDERSTAND MY STATEMENT WILL ARRIVE WITH THIS CHARGE.

Date: _____ Cardholder Signature: _____

Name Printed: _____

WE AGREE TO PAY FOR ANY CHARGEBACKS OR CONTEST OF THIS CREDIT CARD CHARGE.

I HAVE OBTAINED A SIGNED, IMPRINTED UCC FORM.

Date: _____ Agent's Signature: _____

Name Printed: _____



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