

Chithralaya Travels Inc.

CREDIT/ DEBIT CARD AUTHORIZATION

I, _____, hereby authorize Chithralaya Travels Inc., to
(PRINT FULL NAME)

charge my _____ in the amount specified below.
(SPECIFY CARD TYPE - MC, VISA, AMEX, ETC)

	Passenger Name(s) as they appear on Passport or Government Issued ID	Date of Birth (Month/Day/Year)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Credit Card Number:	_____
Expiration Date:	_____ CVV: _____
Cardholder's Name:	_____
Card Billing Address:	_____
City, State, Zip:	_____
Billing Phone:	_____
Billing Email:	_____
Authorized Amount:	_____
Booking Reference:	_____
Relationship to Cardholder:	_____
Cardholder Signature:	_____

FARES ARE NOT GUARANTEED UNTIL PAYMENT IS RECEIVED AND TICKETS ARE ISSUED.

I am the above-mentioned cardholder and understand that air tickets have certain terms and conditions which are in accordance with the policy of the underlying airline. I will comply with these conditions and I agree to the cancellation penalties in the event that I cancel or change my tickets. It is my responsibility to have proper required documents to board the flight.

PLEASE RETURN COMPLETED FORM ALONG WITH THE FOLLOWING:

- COPY OF DRIVER'S LICENSE TO VERIFY SIGNATURE.
- COPY OF THE FRONT AND BACK OF THE CREDIT CARD.

SCAN and E-MAIL TO ctsflights@gmail.com OR FAX TO 954-942-8524.