



CREDIT CARD CHARGE

# VERIFICATION

ATTN AGENT: \_\_\_\_\_ BOOKING # \_\_\_\_\_

**COMPLETE ALL BLANKS, SIGN AND RETURN**

IN LIEU OF MY CREDIT CARD IMPRINT, I \_\_\_\_\_  
(PRINT FULL NAME AS ON CARD)

HEREBY **VERIFY TRAVELSPOT** OR IT'S AFFILIATE OR THE TRANSPORTING AIRLINE, TO CHARGE \$ \_\_\_\_\_  
(AMOUNT)

ON MY CC# \_\_\_\_\_  
(CREDIT CARD NO.)

EXPIRATION DATE \_\_\_\_\_ FOR THE PAYMENT OF TRANSPORTATION OF MYSELF AND/OR

(PLEASE LIST EACH PARTY YOU AUTHORIZE TO BE CHARGED TO YOUR CC# FOR THE FOLLOWING ITINERARY)

DATE OF DEPARTURE \_\_\_\_\_ DEPARTURE CITY \_\_\_\_\_

DATE OF RETURN \_\_\_\_\_ DESTINATION \_\_\_\_\_

MY BILLING ADDRESS IS \_\_\_\_\_  
(IF TICKET ISSUED IS NOT AN E-TICKET, THE DOCUMENTS WILL BE MAILED TO THE ABOVE ADDRESS)

TELEPHONE: HOME: \_\_\_\_\_

OFFICE: \_\_\_\_\_

By signing below, I acknowledge charges described hereon, payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. I am also aware of all restrictive conditions on the ticket that I am purchasing; (Non Refundable, Non Changeable/ Changeable with a fee, etc.), and other airline conditions for which TravelSpot is

not responsible. I recognize that the above amount may be different from the amount that appears on my tickets. Please note that all taxes & service charges are included in the above amount. I have read and agree to the TravelSpot terms and conditions.

SIGNATURE OF CARDHOLDER X \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY \_\_\_\_\_

INVOICE: \_\_\_\_\_ APPROVAL #: \_\_\_\_\_ BILLING: \_\_\_\_\_

**FAX THIS FORM TO 702-369-8497**