



Tel: (510) 493-7919
Fax: (510) 857-5962

CREDIT CARD AUTHORIZATION FORM

I _____ hereby authorize Tranzzit Travels (TRANZZIT.COM) to charge my Credit Card for travel purpose.

Card No.: _____

Card Type: Master Card / Visa / American Express (Circle One)

Expiry Date: _____ 3/4 digit CVS (Security Code) from back of card _____

Amount: _____

Bank of Issue: _____

Driving License No.: _____ State of Issuance: _____

Card Holder's Name: _____

1-800 No from back of Card: _____

Billing Address: _____

Mailing Address: _____

Home Phone: _____

Fax: _____

Is the Card Holder travelling ? YES / NO

I _____ (card holder) agree to pay the travel expenses for _____ (name of person traveling) with my credit card , details of which are listed above. I understand that the Refund/ Cancellation penalties that have been explained to me relating to this type of purchase will still be applicable and acceptable.

ANY CHANGES MADE TO THE OUTBOUND DATE OR CANCELLATION OF THE RESERVATION WILL INCUR A PENALTY, MINIMUM AMOUNT BEING \$375 AND ABOVE, DEPENDING UPON THE AIRLINE POLICY. PENALTY MAY OR MAY NOT APPLY FOR RETURN DATE CHANGE DEPENDING UPON THE AIRLINE POLICY.

PLEASE FAX THIS COMPLETED FORM WITH CREDIT CARD FRONT AND BACK AND A COPY OF PICTURE ID TO 1-510-857-5962.

Signature of Card Holder: _____ Date: _____