



CREDIT CARD AUTHORIZATION FORM

Note: A copy of Front and Back of Credit Card, as well as a picture ID, must be sent

Please fill out form and fax it back to our fax number: **303 337 7584**

Record Locator (confirmation Number):

☒ I Authorize ROYAL WINGS TRAVEL to charge my Credit Card for the purchase of (specify numbers) Airline Ticket(s) as follow:

From: To: To: Date:

- Credit Card Type:
- Credit Card Number:
- Expiration Date:
- Amount of Charge: \$ Per adult, \$ Per child \$ Per infant Total: \$.....
- Name of Passenger(s):

☒ Credit Card Billing Address:

Street:

City:

Tel. number: Alternate Tel. Number

☒ Mailing Address for Tickets:

Street:

City:

Tel. number: Alternate Tel. Number

☒ E-mail Address for Electronic Tickets:

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Card Holder's Signature Card Holder's Name Date

By signing above, I agree to pay the above amount for my ticket(s), purchase, and I agree to Royal Wings Travel's fare rules and restrictions; including non-refundable clauses and/ or applicable cancellation fees.

If you are a travel agent, you accept full responsibility for charge-backs, disputes and other non payment(s) by the passenger, credit card holder, credit card Company of issuing bank. *Please stamp the form with agency stamp and fax it back to us*