|  |  |
| --- | --- |
|  | **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:

……………………………………………………………….…….

 …………………………..…… …………………………..…… …………………………..……

 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 nonpayment(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.*

# 1979 S HAVANA ST • AURORA/ COLORADO • 80014 PHONE: 303 337 1234 •FAX: 303 337 7584