



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 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.