

M P R Travel

(DBA : Ariana Tours and Travel)

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CREDIT CARD AUTHORIZATION FORM

Please print this page and fax it to "212-684-2511" along with front and back copy of your Credit Card and Drivers License. Please fax enlarged and lighter copies.

In lieu of my credit card I
(Credit Card Holder Name)

here by authorize **M P R Travel Inc** & it's affiliates to charge \$

on my Exp :
(Please write credit card type, and Number) (Expiration Date)

Credit Card Security Code (3 Digit)

For
(Passenger Name)

I the name of Credit Card holder or passenger and signature fully understand that this particular airline ticket is 100 % Non-Refundable, However I may be able to change the dates buy paying a cancellation fee plus any fare difference. Also I understand that partial used ticket is non refundable.

Restriction :

Travel agency is not responsible for meal request, seat request, mileage accrual or airline's schedule change. You must reconfirm passenger's meal / seat requests, flight reservation and schedule at least 72 hours prior to departure. If you are taking an international flight, please check visa requirements. It is your responsibility to obtain necessary documents to enter the country you are visiting.

Billing Address :
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Phone (Home) : Phone (Work) :

e-mail :

Mailing Address :
.....
.....

Signature of the card holder :

Phone Number Of Your Credit Card Company :