

Official Travel Provider and Consultant.
All information provided is strictly confidential and only for the sole use of this event.



**KHURY/ALTA TRAVEL , AFFILIATE AIRLINES AND/OR ANY
AUTHORIZED COMPANY CHARGES PERTAINING TO MY TRAVEL**

I, AUTHORIZE Khury/ALTA Travel and or its affiliates, charge my credit card as indicated below with regard to my travel as per invoice. I accept all charges and understand and AGREE that once authorized and processed the charges are NOT DISPUTABLE AND NON REFUNDABLE! I understand that this is an authorization for charges as provided via electronic communication for payment(s) of my reservation(s) and that any changes are subject to penalties and fees. I further understand that all details have been reviewed and no chargeback or dispute. corresponding to this reservation is to be expected.

Name On Credit Card	LAST	FIRST	MIDDLE	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Reservation Information (Deposit, Air, Hotels, Transfers, Tours, Celebrations, etc.) Indicate optional airports in/out here _____	AIRPORT OUT	DATE	AIRPORT IN	DATE
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	HOTEL DATE IN	HOTEL DATE OUT	HOTEL DATE IN	HOTEL DATE OUT
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Address of Credit Card	STREET ADDRESS			
	<input style="width: 100%;" type="text"/>			
	CITY	STATE	ZIP CODE	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Phone(s)	CELL		OTHER	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Email(s)	PERSONAL		BUSINESS	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Reference	<input style="width: 100%;" type="text"/>			
Passenger's Name(s) LAST/FIRST/MIDDLE/DATE OF BIRTH as on valid passport more than 6 months or more from date of return to USA	LAST	FIRST	MIDDLE	DOB
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Amount of Charge Subject to 5% handling fee	<input style="width: 100%;" type="text"/>			
Credit Card #/exp date/security code Signature	CREDIT CARD NUMBER		MM/YY	SEC. CODE
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

CLEAR COPY OF THE FRONT AND BACK OF THE CREDIT CARD WITH LEGIBLE SIGNATURE
MUST BE SUBMITTED WITH THIS FORM . Please Sign and EMAIL to MARIA:
Mkhury@ALTATRAVELUSA.COM and mkhury@khury.com