**FLYBIRD USA**

***( Managed by* CHITHRALAYA TRAVELS INC. )**

CREDIT / DEBIT CARD AUTHORIZATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, |  | |  |  |  |  | , hereby authorize **FLYBIRD USA**., to | | | | | |
|  |  |  |  | ( P R I N T F U L L N A M E ) | | | | |  |  |  |  |
| charge my | | | |  |  |  | in the amount specified below. | | | | | |
|  |  |  |  | ( S P E C I F Y C A R D T Y P E – M C , V I S A , A M E X , E T C ) | | | | |  |  |  |  |
|  |  |  |  | **Passenger Name(s) as they appear on** | | | | |  | **Date of Birth** | | |
|  |  |  |  | **Passport or Government Issued ID** | | | | |  | **(Month/Day/Year)** | | |
| 1. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 2. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 3. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 4. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 5. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 6. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  | 7. |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Credit Card Number: |  | | | |  |  |  |  |
|  |  |  |  | Expiration Date: |  | | |  | CVV: |  |  | |
|  |  |  |  | Cardholder’s Name: |  | | | |  |  |  |  |
|  |  |  |  | Card Billing Address: |  | | | |  |  |  |  |
|  |  |  |  | City, State, Zip: |  | | | |  |  |  |  |
|  |  |  |  | Billing Phone: |  | | | |  |  |  |  |
|  |  |  |  | Billing Email: |  | | | |  |  |  |  |
|  |  |  |  | Authorized Amount: |  | | | |  |  |  |  |
|  |  |  |  | Booking Reference: |  | | | |  |  |  |  |
|  |  |  |  | Relationship to Cardholder: |  | | | |  |  |  |  |

**Cardholder Signature:**

**FARES ARE NOT GUARANTEED UNTIL PAYMENT IS RECEIVED AND TICKETS ARE ISSUED.**

I am the above-mentioned cardholder and understand that air tickets have certain terms and conditions which are in accordance with the policy of the underlying airline. I will comply with these conditions and I agree to the cancellation penalties in the event that I cancel or change my tickets. It is my responsibility to have proper required documents to board the flight.

**PLEASE RETURN COMPLETED FORM ALONG WITH THE FOLLOWING:**

* **COPY OF DRIVER’S LICENSE TO VERIFY SIGNATURE.**
* **COPY OF THE FRONT AND BACK OF THE CREDIT CARD.**

**SCAN and E-MAIL TO sales@flybirdusa.com OR FAX TO 1-844-359-2473**