

Angel Tours & Service Inc.

4727 N. CLARK STREET, SUITE 1-S, CHICAGO IL 60640 Tel. (773) 907-0070 Fax (773) 907-0078
Email: angeltours@aol.com

CREDIT CARD AUTHORIZATION FORM

Please carefully review your reservation before sending payment.

In lieu of my credit card imprint, I _____

hereby authorize ANGEL TOURS to charge my (VI, MC, AX, DS) # _____

Credit card security code: _____ (or Card Identification number, 3-4 digits number depending on your card)

Expiration date: _____ (Note: EVA / CI / SQ / MH do not accept Discover Card)

in the amount of \$ _____ for payment of transportation for myself and /or

(make sure to use name in the passport)

1) _____ Passport# _____ Date of Birth _____

2) _____ Passport# _____ Date of Birth _____

3) _____ Passport# _____ Date of Birth _____

4) _____ Passport# _____ Date of Birth _____

Nationality _____ (You are responsible for obtaining the necessary visas to visit certain countries and for making sure that your passports are not only valid for the entire travel period but also for entry to selected countries.)

For travel from _____ to _____ by _____ Airlines

Departure date _____ Return date _____

My airline membership number: _____ (optional)

My credit card billing address _____

Phone _____ (Home) _____ (Office)

My ticket mailing address _____

(Please write clearly)

_____ Phone _____

My email address _____ @ _____

If your ticket is electronic transaction, there is no shipping fee (Northwest Ticket , United Ticket).

If your ticket is paper ticket, we will ship your ticket by Federal Express 2nd day air service, and your credit card will be billed \$11 - \$13 depends on your zip code.

FedEx cannot deliver to PO Box address and will require signature to release the shipment.

Note: Identification is required (if the credit card holder is not the passenger)

Please provide a photocopy of Credit card and Passport or Driver's License of the cardholder.

By signing below, I acknowledge charge described hereon. Payment in full to be made when billed or in extended payment in accordance with the standard policy of the company issuing the credit card. I do understand that there will be penalty applied for change or refund once ticket issued.

_____ (Signature) _____ (Date)