



LETSUTRAVEL CREDIT CARD FORM

Fax to:	770-222-0929
Attention :	
Travel Agency:	LETSUTRAVEL
Passengers Name:	
Passengers Phone:	
Passengers address:	
Passengers city/state/zip	
Booking Locator #	
Cardholder's Name:	
Credit Card billing address:	
City/State/Zip	
I do authorize the charge to my credit card number:	
Credit Card#:	
Exp. Date:	Security Code:
In the amount of USD \$ _____ for the airline tickets and other travel arrangements that I have verbally discussed with them.	
Fees:	1) Cancel or change penalty is \$ _____ 2) Airline fee of \$ _____ or Non-refundable _____ (please initial)
I have been advised of all fees with these tickets and am aware that tickets are non-endorseable to any other carrier, tickets are non-transferable to any other person, no refund for "no-show" (failing to use and failure to cancel) and reconfirmation of return flight is mandatory.	
I take full responsibility for the above mentioned charges. My signature below hereby authorizes charges to be made to the above referenced credit card for all discussed/approved travel, when said charges are less than \$1,000.00 USD; and that any travel with charges in excess of \$1,000.00 USD shall require a credit card authorization specific to that particular travel.	
Signature: _____ Date: _____	
For the travel agent: I have checked and verified the above mentioned cardholders signature and identification.	
Agent Signature: _____ Date: _____	