



Aqra Travel use only
Date: _____
Ticket No: _____
Invoice No: _____

2641 Hamner Ave, # 110, Norco, CA: 92860  
 Phone (877) 816-0104 Fax (855) 672-1077  
 E-mail: info@aqratravel.com

## CREDIT CARD CHARGE AUTHORIZATION FORM

Itinerary: \_\_\_\_\_

Booking Number: \_\_\_\_\_ Record Locator: \_\_\_\_\_

Carrier Name(s): \_\_\_\_\_

Passenger Name(s): 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_

Credit Card Type:    American Express    MasterCard    VISA    Discover

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date(MM/YY): \_\_\_\_\_

CVV2: \_\_\_\_\_

Total Amount Charged: \$ \_\_\_\_\_



Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Note: Identification is required. Please provide Photo copy of the credit card (front and back) and State ID or driver's license of cardholder.**

By signing below, I authorize Aqra Travel to charge my credit card for the amount described above. Payment in full to be made when billed or in extended payments in accordance with standard policy of credit card issuing company. I future acknowledge that I have been informed of the cancellation and refunds policies of Aqra Travel and agree to the terms and conditions. I waive my right to dispute these charges.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Travel Agent Name: _____
Agency Name: _____
Address: _____
Phone Number: _____ Fax Number: _____
<b>Please E-mail or Fax this form and supporting documents</b>