

HORIZON TRAVEL SERVICE
3881 WILDFLOWER COMMON
FREMONT, CA 94538
5 1 0-6 5 7-8 5 3 2-TEL
5 1 0-6 2 9-6 7 7 8-FAX

CREDIT CARDHOLDER'S AUTHORIZATION

In lieu of my credit card imprint, I, _____
(Name of cardholder as shown on credit card)

hereby authorize HORIZON TRAVEL SERVICE acting on behalf of _____
(Carrier name)

to charge my _____
(Credit card name) (Credit card number) (Expiration)
in the amount of \$ _____ for payment of transportation of myself

and / or _____
(Full name(s) of passenger(s) if other than cardholder)

for itinerary as follows: _____
(Complete routing only)

Billing address: _____ Phone: (H) _____

(W) _____

(M) _____

Mailing address: (If different from above)

Note: Identification is required. Please provide Photostat copy of the credit card (Front & Back) and Passport or Driver's License of Cardholder.

By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. I acknowledge that some tickets are non-refundable and while some tickets can be refunded or cancelled there will be service charge in addition to airline penalty.

Signature of cardholder Please print cardholder name _____
Date