



32450 ROCK RIDGE LANE, FARMINGTON HILLS, MI 48334
TEL. and FAX : 877-GET-MALL [877-438-6255]

CARD HOLDER CREDIT CARD CHARGE AUTHORIZATION FORM

In lieu of my credit card imprint, I _____
(Name of Cardholder)

hereby authorize AirFareMall.com, Inc. to charge my credit card (copy of which is attached)

(Visa / Master / Discover / AMEX) _____
(Credit Card number) (Exp Date)

for the amount of US\$ _____

as the payment for the transportation of myself and/or _____

(Complete names of all passengers)

for the itinerary with Reference Code : _____ leaving from _____ to _____

My billing address is: _____

My phone numbers: (Home) _____ (Bus.) _____ (Fax) _____

By signing below, I acknowledge all charges and service fees (including cancellation penalty) described hereon and that payment in full to be made by me when billed or for extended payments in accordance with standard policy of the company issuing the card.

(Cardholder Signature)

NOTE: Valid govt. issued identification is required. Please provide photocopy of the Credit Card (front and back) and photocopy of the cardholder's passport or driver's license.

IMPORTANT REMINDER: Please reconfirm your flights at least 72 hours prior to departure. AIRFAREMALL.COM INC. will not be responsible for any schedule changes or meals and services not provided by concerned airline(s).

PLEASE COMPLETE THIS FORM AND FAX BACK TO 877-GET-MALL [877-438-6255]
TICKETS CANNOT BE ISSUED UNTIL THIS REQUIRED DOUMENTATION IS RECEIVED.