

**COASTLAND TRAVEL SERVICES.
CARD AUTHORIZATION FORM**

IN LIEU OF MY CREDIT CARD IMPRINT, I _____

HEREBY AUTHORIZE COASTLAND TRAVEL SERVICES TO CHARGE MY CARD NUMBER

(VI, MC, AX, DI) EXP. CCV

IN THE AMOUNT OF USD FOR THE PAYMENT OF AIRFARE

FOR MYSELF AND/OR _____

FOR THE ITINERARY AS FOLLOWS: _____

MY BILLING ADDRESS: _____

DATE OF BIRTH FOR TRAVELLER(S): _____

MY PHONE (WORK): _____

(HOME): _____

I HEREBY AUTHORIZE COASTLAND TRAVEL SERVICES TO USE MY CREDIT CARD WITH ALL THE ABOVE INFORMATION PROVIDED. 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 THE COMPANY ISSUING CARD.

SIGNATURE: X _____

DATE: _____

****** VERY IMPORTANT******

NOTE: PLEASE ENCLOSE A CLEAR PHOTOCOPY OF CREDIT CARD (FRONT/BACK) AND PASSPORT OR DRIVER'S LICENCE COPY OF CARD HOLDER BEFORE YOU RETURN THIS AUTHORIZATION FORM FOR PROPER IDENTIFICATION.

**602 MELROSE AVE 2FL
BRONX NY 10455
TEL: 347-270-4263 FAX 347-297-7697**