

Subha Travels

Address: 1006, Rosefield Ln, Aurora, IL – 60504 · Phone: 630-898-8204 · Fax: 630-800-1071 · Email: info@subhatravels.com

Credit Card Authorization Form

Card Information

Card Holder's Name	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Card Number	
Expiration Date	

Billing Address

Address					
City		State		Zip	
Home Phone					
Work Phone					

Travel Information

From		To	
Leaving On		Returning On	
No. of Adults		No. of Children	

Authorization

In lieu of my credit card imprint, I hereby authorize SUBHA TRAVELS to charge my credit card the amount of

USD \$ _____

for the itinerary listed above. By signing below, I acknowledge charges described here on. If the charges are not paid by the credit card company/bank, I will be fully responsible for this amount.

Cardholder's Signature	
Date	

Note

- Identification is required. Provide copies of both sides a Federal or State ID such as a Driver's License or passport copy of card holder.
- Provide copy of credit card.
- After the ticketing and before departure, penalty applies as per fare basis plus \$50.00 service charge. No refund for partially used ticket or after departure date.
- This form must be submitted to Subha Travels prior to ticket issuance. Incomplete information or false statements will result in denial of ticket.
- Please fax the completed form to Subha Travels at 630-800-1071.