

UDAAN TRAVEL

In Lieu of my card imprint, I _____
(Name of Cardholder as shown on Credit Card)

Hereby authorize **UDAAN TRAVEL**, acting on behalf of _____
(Please write airline name)

To charge my _____ - _____ - ____/____/____
(Credit Card Company) (Credit Card Number) (Expiration)

In the amount of \$ _____ for the transportation of myself and / or

(Full Name(s) of passenger(s) if other than Cardholder)

For itinerary as follows :

(Complete Routing)

My billing address : _____ Phone (Home) _____ - _____ - _____

(Work) _____ - _____ - _____

Note : Identification is required. Please provide photocopy of the Credit Card (front & back) and Passport or Driver's license of Cardholder.

By signing below, I acknowledge charge described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. I also acknowledge that there will be a \$ 75.00 service fee in addition to the airline penalty if I return the ticket(s) for refund or cancellation. For tickets send for refund charged on credit card, company will deduct credit card charges of 3.5% in addition of airline penalty & service fee.

Signature of Cardholder

Please print Cardholder name

Date

TEL : 213-614-7000
FAX : 213-673-4768

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