



FKS Travel, LLC

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Thank you for choosing FKS Travel, LLC. In order to charge your credit card,
Please return the authorization for charges prior to the ticket issue.

I lieu of my credit card imprint I: _____ here by authorize FKS Travel, LLC to charge my credit card.
Type (circle one) AX VI MC

Today's Date: _____

Name that appears on the credit card: _____

Itinerary as follows: _____

Credit Card Number: _____ Expires: _____ CCV#: _____

In the amount of USD _____ for the transportation of myself/or

Issuing Bank Name and Telephone: _____

Billing Address for credit card Street: _____

City: _____ State: _____ Zip: _____

Card Holder Contact Phone: _____ Alternate: _____

Fax #: _____

Card Holder Signature: _____

By signing, I authorize the use of my credit card for the charges above.

NOTE: Identification is required. Please provide Photostat copy of the credit card and passport or drivers license of the 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 the credit card company.

***** VERY IMPORTANT – PLEASE INITIAL APPLICABLE RESTRICTION BOX BELOW *****

___ I AM AWARE THAT THIS TICKET IS VERY RESTRICTED AND PENALTIES WILL APPLY FOR ANY VOLUNTARY CHANGES OR CANCELLATION OF TICKETS.

___ I AM AWARE THAT THIS TICKET IS NON-REFUNDABLE AND NO CHANGES ARE ALLOWED.