

Credit Card Authorization Form

DINERS WORLD TRAVEL INC
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Mclean, VA 22102

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Tel: 703 462 9144 / 201 349 6100
Fax: 703 783 1331

In lieu of my credit card imprint, I _____
(Name of Card holder as shown on Card)

hereby authorize Diners World Travel Inc, Issuing Agent, Consolidator or Carrier to charge.

Card Type: (American Express/Master Card/Visa)

Card Number: _____ Exp Date: _____

In the Amount of \$ _____ for payment of transportation of myself and _____
_____ (Names Of Passengers)

For Itinerary: _____

My Billing Address: _____

Tel Number: _____ Fax Number: _____

Email ID: _____

By signing below, I acknowledge charges of payment in full to be made when billed in accordance with standard policy of issuing card.

X _____
Signature of Card Holder

Date: _____

Note:

Identification is required. Please provide a Legible Photocopy of Credit Card (Front and Back) and passport or Driver's License of cardholder.

Ticket will not be issued until receipt of this completed form. Fax – 703 783 1331

Thank you For Your Business