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CREDIT CARD AUTHORIZATION & GUARANTEE

I, _____ hereby authorize _____
to charge my _____ credit card no. _____ expiring on _____,
at the amount of _____ for the following tour / ticket / cruise:
Itinerary:

I, the holder of the above credit card, authorize the transaction and shall not dispute the charge.

Print credit card holder's Full Name: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ E-mail/Fax: _____

Home address: _____

(If Different) City: _____ State: _____ Zip: _____

Cardholder's Signature: _____

(The form must be forwarded to APF Travel, Inc. with a readable photocopy of Cardholder's Driver's License or Identity Card, and a photocopy, front and back, of the credit card.)

Office use only:

Date of Booking: _____

Booking No. _____

Invoice No. _____

Ticket No. _____

Approval Code: _____

Remarks: _____
