

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT CLEARLY

In lieu of my credit card imprint I, _____

hereby authorize Atlantic Corporate, Travel to charge my credit card number:

_____ exp. date _____ in the amount of

US\$, _____ for payment of transportation for myself and/or the following

passengers: _____ for

the following itinerary: _____

My billing address is: st./ave. _____

City _____

State _____ Zip _____

Country _____

Phone number _____

e-mail _____

By signing below, I acknowledge charges described hereon, payment in full to be made when billed or in extended payments in accordance with the standard policy of the company issuing the credit card.

Signature of cardholder

Please fax or mail this information to Atlantic Corporate Travel, located at 9155 S. Dadeland Blvd, Suite 1410, Miami, FL 33156. Fax number (305) 670-9505

My mailing address is: st./ave. _____

City _____

State _____ Zip _____

Country _____

Phone number _____

We must receive copy of valid driver's license or photo ID accompanied by the front and back copy of your credit card for this to be considered a valid authorization form. Thank you.

