

Monica Travel & Tours

1331-K ROCKVILLE PIKE
ROCKVILLE, MD 20852
TEL: 301-294-1166 & 703-573-0001
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CARDHOLDER'S CREDIT CARD CHARGE AUTHORIZATION

IN LIEU OF MY CREDIT CARD IMRINT, I _____
(NAME OF CARD HOLDER)

HEREBY AUTHORIZE TO CHARGE MY CREDIT CARD

(TYPE OF CARD) (CARD NUMBER) (EXPIRATION DATE)

IN THE AMOUNT OF USD \$ _____ PAYMENT OF TRANSPORTATION

FORMYSELF AND/OR _____
(PASSENGER'S" FULL NAME"S")

FOR THE FOLLOWING ITINERARY _____
(COMPLETE ROUTE)

MY BILLING ADDRESS IS:

TELEPHONE:

**NOTE: IDENTIFICATION IS REQUIRED.
PLEASE PROVIDE VERY CLEAR PHOTO
COPY OF THE CREDIT CARD (FRONT & BACK)
AND PASSPORT OR CARDHOLDER'S
DRIVER LICENSE.**

**BY SIGNING BELOW, I ACKNOWLEDGE ALL CHARGES
(INCLUDING CANCELATION PENALTY)
DESCRIBED HERE ON (\$250.00) PAYMENT IN FULL
TO BE MADE WHEN BILLED OR EXTENDED IN
ACCORDANCE WITH STANDARD POLICY OF THE
COMPANY ISSUING THECARD.**

X: _____
CARD HOLDER'S SIGNATURE

SEND THE TICKET BY: MAIL ()
SEND THE TICKET BY FEDEX: () (PLS ADD \$15 FOR
FEDEX CHARGE