



**CREDIT CARD AUTHORIZATION FORM**

Please fax to 1-888-744-0203 OR scan and email to [usbdravels@gmail.com](mailto:usbdravels@gmail.com), sales@usbdravels.com

This form must be FULLY completed before tickets can be issued.

Attention: \_\_\_\_\_ PNR / Confirmation Number: \_\_\_\_\_

To: **USB D Travels & Tours**

Phone Number: **718-705-4888, 1-888-755-0203.**

This is to confirm that, in keeping with all applicable laws, we are instructing **USB D Travels & Tours** to issue the following tickets against the credit card listed below. It is expressly understood that this amount charged does not include or constitute any additional fees related to our acceptance of credit cards as a form of payment, unless permitted by law. We further represent the credit card holder stated below has authorized this transaction and that we will indemnify and hold **USB D Travels & Tours** harmless with respect to these instructions. It is understood and accepted that to provide additional security for our benefit, **USB D Travels & Tours** may on request, verify the credit card holder's billing address and may, with our approval, deliver the ticket(s) directly to that billing address.

Booking Number/Ship/Sail Date: \_\_\_\_\_ Amount to be Charged: \$ \_\_\_\_\_

1. Cardholder's name as it appears on the credit card:

First Name \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

2. Cardholder's billing address, including zip code:

Street: \_\_\_\_\_ APT: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Cardholder's phone number: \_\_\_\_\_ 4. Security Code: \_\_\_\_\_

5. Credit Card Number: \_\_\_\_\_ 6. Expiration Date: \_\_\_\_\_

Is the Cardholder Traveling?: YES / NO

Is the Cardholder Traveling?: YES / NO

I \_\_\_\_\_ (Credit Card Holder ) authorize to charge my credit card.

For the above booking, I understand that in the event of cancellation, a penalty may be assessed, as stated by **USB D Travels & Tours**.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date