



CST # 2117495-40

## CREDIT CARD AUTHORIZATION FORM

I \_\_\_\_\_ Credit Card Holder Authorize **Wish My Trip** TO **CHARGE MY CREDIT CARD OR DESIGNATED SUPPLIER BY WISH MY TRIP TO CHARGE MY CREDIT CARD** as per particulars below. I fully understand and agree on the itinerary and restrictions on the ticket(s) already **Explained or Faxed/E-mailed** to me by **WISH MY TRIP AGENT**. I am also fully responsible for **any Charge back dispute and Non-payment to Credit Card Company or Issuing Bank**.

Please verify all the names and dates and fill out this form and **FAX BACK** with the copy of your **ID / DRIVER'S LICENCE & COPY OF THIS CREDIT CARD (BOTH SIDES)**.

Passenger(s) Name:

Amount:

Record Locator/ Airline:

Amount to be charged

Credit Card Number: \_\_\_\_\_

CCV: \_\_\_\_\_

Exp date: \_\_\_\_\_

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

Cardholder's billing address:

Phone No

Destination Country Phone No:

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**I VERIFY THE ITINERARY, NAME (S) AND TIMINGS OF THE FLIGHTS**

Card Holder Signature \_\_\_\_\_

Date \_\_\_\_\_