

MRP TRAVEL

Web: <http://mrptravel.yolasite.com/>

CREDIT CARD AUTHORIZATION FORM

Please fax clear copies of Credit card and your Driver License (Both front and back side) or Passport to: (408) 929-4685 (fax)

Passenger Name(s): _____

Home phone #: _____ Cell phone #: _____

Destination: from _____ to: _____

Airline: _____

Travel Dates: departure on _____ return on _____

Name as on Credit Card: _____

Credit Card #: _____ Expiry Date: _____

Type of Card: Visa Mastercard AmericanExpress

Billing Address: _____ (Street)
_____ (City, State, Zip code)

Driver License #: _____ State: _____ Expiry Date: _____

Is the Cardholder traveling ? Yes No.

US \$ (*in figures*): _____

US \$ (*in words*): _____

Terms and Conditions:

This is to confirm that in keeping with all applicable laws, I am authorizing MRP Travel (or its consolidators/wholesalers/ airline/issuing agencies) to issue the above ticket(s) against the credit card listed above. I have duly verified and agreed that the reservation details are correct; that all tickets are subject to change/cancellation charges/fees; and that I shall under no condition decline, reject or challenge the amount charged on my credit card. I further represent that I, credit card holder, has authorized this transaction and I will indemnify MRP Travel harmless with respect to these instructions. It is understood and accepted that to provide additional security for my benefit, MRP Travel may, on my behalf, request verification of my billing address. It is further understood and agreed that I accept full responsibility of the amount due to MRP Travel. For the above booking I understand that in the event of cancellation/change, a penalty may be assessed and imposed on me by MRP Travel (or its consolidators/wholesalers/airline/issuing agencies).

I agree to all terms and conditions above and authorize MRP Travel (or its consolidators/wholesalers/airline) to charge the above credit card for amount mentioned above:

Card holder's Signature: _____ Date: _____