



CREDIT CARD AUTHORIZATION FORM

In lieu of my Credit Card Imprint, I

(Name of Cardholder as shown on Credit Card)

Hereby Authorize

(Issuing Carrier)

(Travel Agency Name)

To charge my

(Credit Card Name)

(Credit Card Number)

(Expiration Date)

in the amount of: \$

(Print Clearly)

for payment of transportation of myself And/or

(Full Name(s) of Passenger(s) if other than Cardholder)

For itinerary as follows:

(Full Name(s) of Passenger(s) if other than Cardholder)

My billing address is:

(Address)

Telephone No:

(Home)

(Office)

Identification:

(Passport Number)

(Driving License Number)

By signing below, I acknowledge charges described hereon, payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. I am also aware of all restrictive conditions on the ticket that I am purchasing; (Non Refundable, Non Changeable/ Changeable with a fee, etc.), and other airline conditions for which Western Air, Inc is not responsible. Please note that all taxes & service charges are included in the above amount. I have read and agree to the Western Air, Inc terms and conditions.

(Signature of Card Holder)

(Date)

WESTERN AIR, INC

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