



**18037 Tribune Pl
Granada Hills, CA 91344
Ph # (213) 629-1800
Fax # (213) 896-0349**

Authorization for Credit Card Use

Credit Card # _____

Expiration Date: ____/____/____ CC Holder Name: _____

CC Billing Address: _____

Phone Number (H) (_____) _____ (W) (_____) _____

Name Of Passenger(s) _____

Amount to be Charged (USD): _____ Signature: _____

I give full authorization to Travelspring and _____ Airline to charge the above amount on my credit card as identified above and shall not decline, reject or challenge the amount charged on my credit card for the purpose of paying for airline tickets for the passengers identified above.

Check your Passport/Visa/Transit Visa

Card Holder's Signature _____ Date: _____

**PLEASE ATTACH PHOTOCOPY OF CREDIT CARD (FRONT & BACK)
& DRIVER'S LICENSE**