



# African Travel, Inc.

AIR CENTRE

1100 East Broadway • Glendale, CA 91205

Tel (800-421-8907) (818-507-7893) Fax (818-507-5802)

CREDIT CARD AUTHORIZATION FORM

**Booking #:** \_\_\_\_\_ **Res Agent:** \_\_\_\_\_

I, the undersigned (Print Name) \_\_\_\_\_ authorize African Travel Inc. to charge my credit card as follows for my and/or my companion's scheduled trip:  
Credit Card:(CHECK ONE)  **MASTER CARD**  **VISA**  **AMERICAN EXPRESS**  **DINERS CLUB**

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Trip start date: \_\_\_\_\_

(3% of total amount plus mark-up\*\*\*For agents only\*\*\*)

Billing Address: \_\_\_\_\_

(Must match cardholder billing information.)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

The terms and conditions have been explained to the Travel Agent, passenger/cardholder in full. The Travel Agent, passenger/cardholder is aware of all fees with these tickets and is aware that tickets are non-endorsable to any other carrier. Tickets are non-transferable to any other person. There is no refund for "no-shows" (failing to use or cancel flight reservations before scheduled departures) Reconfirmation of flights is mandatory. In the event of any charge resulting from change, cancel, or interruption of scheduled air service, the passenger/cardholder specifically acknowledge and authorizes the charge of the following: All imposed airline penalties and an administration processing fee of \$150.00 per ticket by African Travel.(including name corrections) Cancellation/Change penalties varies with each carrier.

I have read, fully understand and agree with the Terms & Conditions. By signing below, I acknowledge and agree with the full charges described above. Full payment is to be made when billed in accordance with standard policies of the company issuing my credit card.

**The Card Holder**

**The Travel Agent**

Date \_\_\_\_\_ IATA/CLIA#: \_\_\_\_\_

Print Name \_\_\_\_\_ Agency: \_\_\_\_\_

Signature: \_\_\_\_\_ Agent: \_\_\_\_\_

Tel (Day) \_\_\_\_\_ Agency Tel: \_\_\_\_\_

Tel (Evening): \_\_\_\_\_ Agent Sign: \_\_\_\_\_

Agency address: \_\_\_\_\_

Amount of refund/Commission: \_\_\_\_\_

**Please note: All commissions paid after departure**

**Note:** By signing, the Travel Agent certifies he/she has verified the cardholder's identity, has discussed African Travel Inc. Terms & Conditions with the cardholder, and has the cardholder's name, address and signature on file for this charge. Please complete and return form to the fax number above. Incomplete forms will not be processed.