



12 Geary Street, Suite 506, San Francisco, CA 94108-5714 USA Ph (415) 834-9445 Toll-Free 1-877-844-9686 Fax (415) 834-9447

e-mail: [travel@airbound.com](mailto:travel@airbound.com) web site: [www.airbound.com](http://www.airbound.com)

### CREDIT CARD AUTHORIZATION

In lieu of my credit card imprint, I, \_\_\_\_\_  
Name of Cardholder as shown on Credit Card

hereby authorizes AIRBOUND, INC. to charge my  
Visa/MasterCard/American Express/Discover

credit card number \_\_\_\_\_

expiring \_\_\_\_\_ in the amount of US\$ \_\_\_\_\_ for payment of  
Month/Year

transportation or services for myself and/or

\_\_\_\_\_  
Full name(s) of passenger(s) if other than cardholder

For itinerary as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My billing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Important: Identification is required.

Please provide a Photocopy of the Credit Card (Front and Back) and the Passport or Driver's License of the cardholder. This form must be submitted to AIRBOUND, INC. prior to ticket issuance/ providing service. Incomplete information or false statements shall be considered sufficient cause for denial of ticket/service.

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.

\_\_\_\_\_  
Cardholder signature

\_\_\_\_\_  
Date