



# FIZA TRAVEL INC.

15 Prospect Lane, Suite # 1C-9D  
Colonia, New Jersey 07067  
Phone : 732 400 7847  
Fax : 732 231 7377  
Email : fizatravel@yahoo.com  
Website: www.fizatravel.com

## CREDIT CARD AUTHORIZATION FORM

Please fill out the details below and fax this form along with copies of your credit card (both sides) and drivers licence.

To: Fax: 732 231 7377

PLEASE MAKE SURE TO SEND CLEAR COPIES OF THE ABOVE.

I, \_\_\_\_\_ hereby authorize FIZA TRAVEL INC to charge

**Credit Card Holder Name**

My American Express/ Master Card / Visa Card / Dinners Card No

\_\_\_\_\_ expiry date \_\_\_\_\_ the amount of

**Please write/type Credit Card Number and Expiration date**

US \$(amount in words ) \_\_\_\_\_ for purchase of Air Ticket(s) for

travel on FIZA TRAVEL and their partner Airlines. I understand that the ticket (s) and or coupon (s) are not transferable and not eligible for cash refunds.

Air Fare \$  
Taxes \$  
Total Charges \$

Credit Card Holder's Billing Address

..... Date .....  
..... Phone: ( Day ) .....  
..... Phone: ( Eve ) .....

X .....  
Credit Card Holder's Authorized Signature

.....  
For Official use ( Do not write below this line )

Record Locator:

Authorization # ..... Amount ..... Date.....

Ticket Number .....

By .....