

MAVI

T R A V E L G R O U P

CREDIT CARD AUTHORIZATION FORM

318 Bergen Boulevard Suite 2 Palisade park NJ 07650
Phone: 201 9449877 fax 201 299 7151

PLEASE OBTAIN CARDHOLDER'S SIGNATURE ON THIS FORM AND RETURN WITH COPY OF BOTH SIDES OF THE CREDIT CARD AND CARDHOLDER'S DRIVER LICENSE OR OTHER PROOF OF SIGNATURE IN ORDER TO VERIFY AUTHORIZATION.

PLEASE COMPLETE THIS FORM, SIGN AND RETURN TO: FAX 201 299 7151

I HEREBY AUTHORIZE MAVI TRAVEL GROUP. TO CHARGE MY CREDIT CARD FOR TRAVEL EXPENSES IN THE AMOUNT LISTED BELOW, THE ISSUER OF THIS CARD IS AUTHORIZED TO PAY THE AMOUNT (TOGETHER WITH ANY OTHER CHARGES DUE THERE ON) SUBJECT TO AND ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD

NAME OF CARDHOLDER:

NAME OF PASSENGER (S):

BILLING ADDRESS:

CITY:.....STATE:.....ZIP CODE:.....

TELEPHONE (HOME) (.....)BUSINESS (.....).....

AMOUNT CHARGE:USD CREDIT CARD TYPE: (AX, MC, VI, DS)

CREDIT CARD NO:EXP...../.....

CREDIT CARD SOURCE CODE:..... E-MAIL.....:

(Source code for American Express - four digit number, located above the account number. Source code for Visa / MasterCard - last three digit number on the back of the card.)

In case of cancellation of nonrefundable airline ticket I agree to pay all applicable penalties according to the rules

X.....

DATE:.....

(Signature of Cardholder)