

Asina Travel & Tours Inc.

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CREDIT CARD AUTHORIZATION FORM

I _____, A CLIENT OF
ASINA TRAVEL & TOURS INC., HEREBY AUTHORIZE ASINA TRAVEL ,
AND ITS AFFILIATES TO CHARGE \$_____. ON MY CREDIT CARD
ACCOUNT # _____, EXPIRY DATE _____.
FOR AIRLINE TICKETS/TOUR PACKAGES/RAIL PASSES/CANCELLATION
PENALTIES and/or OTHER CHARGES (mentioned below) FOR PASSENGER NAME(S)
_____.

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL CHARGE BACK AMOUNTS
AND ALL THE EXPENSES THAT MAY OCCUR IN ORDER TO COLLECT THE
AMOUNT.

SIGNATURE OF THE CARD HOLDER

DATE

NAME OF CREDIT CARD HOLDER

SECURITY CODE

BILLING ADDRESS OF THE CREDIT CARD

(HOME)_____.(OFF)_____.(FAX)_____.
CONTACT PHONE NUMBERS OF CARD HOLDER

DETAIL OF OTHER CHARGES (SHIPPING ETC...)_____.

PLEASE FAX THIS FORM BACK TO US AFTER SIGNING IT WITH THE CLEAR & VISIBLE COPY
OF YOUR CREDIT CARD (BOTH FRONT AND BACK) WITH A VALID PICTURE I.D.

PLEASE CALL US AT 847 803 3333 OR EMAIL US AT AGENT@ASINATRAVEL.COM IF YOU NEED ANY ASSISTANCE
OR HAVE ANY QUESTIONS.