

TELEPHONE CREDIT CARDS PURCHASE AUTHORIZATION FORM

Please fill out form, sign and fax it to
1-305-379 6845 together with copy of your
 Credit Card(both sides) and your picture ID.

ISSUED BY

Dumonde Travel

Sales Rep:

Card Information

Name: _____
 E-mail: _____
 Address: _____
 City: _____
 Telephone Number: () _____
 Fax Number: () _____
 Cardholder's Name: _____
 Credit Card Company: _____
 Credit Card account Number: _____
 Exp. Date: _____

In executing the Universal Credit Card Charge Form incorporated hereunder, I hereby authorize Dumonde Travel to purchase and issue airline tickets and to charge these facsimile reasonably believed to be from me or some other representative of the above referenced credit card account. I hereby warrant that I am the cardholder of the above identified credit card account and that the subject account is in good standing. I understand that the charges on my credit card statement will ready as Dumonde Travel AND/OR the airline I am purchasing the ticket from.

- 1) Signature of Card Holder
- 2) List of All Passengers
- 3) Total Amount of charge
- 4) Credit Card Code (AX, VI or MC)
- 5) Credit Card Number, Expiration Date, Cardholder's Name
- 6) Date of Charge

I ACKNOWLEDGE RECEIPT OF TICKETS (S) AND/OR COUPONS (S) FOR REFUND CHARGES DESCRIBED HEREON AND ALL APPLICABLE RESTRICTIONS AND/OR PENALTIES AS SHOWN ON EACH TICKET(S) AND/OR COUPON(S).		DATE OF ISSUE: 3 6 9 12	
2 CARDOHOLDER COPY		EXP. DATE:	
NAME OF PASSENGER OR OTHER TRANSPORTER		AIRLINE	
NAME BASIS		FORM	
COMPLETE REASON		SERIAL NO.	
FARE BASIS		AMOUNT CODE	
TICKETS NOT TRANSFERABLE NO CASH REFUNDS		MIAMI, FL	
CREDIT CARD NAME CODE		Dumonde Travel	
TOTAL \$		DATE AND PLACE OF ISSUE	
FARE		TAX	
FORM NO.		EXP. DATE:	

SIGN HERE

PLEASE INCLUDE TOTAL AMOUNT

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 E-mail: info@dumondetravel.com