



Travomint Card Authorization Form

Please provide the following documents:

- (1) This Payment Authorization Form. (filled manually by the card holder only)
- (2) Copy of Card used for the transaction. (front & back)
- (3) Copy of identity proof of the card holder (Driver's License/ Passport/ Voter's Card) with Signature Page.

Please include your booking reference code: _____ (Mandatory)

NAMES OF ALL TRAVELERS TRAVELING USING THIS CREDIT CARD:

- 1) _____/_____ Charge Amount per Adult _____ Child _____ Infant _____
(Last Name) (First Name)
- 2) _____/_____ Charge Amount per Adult _____ Child _____ Infant _____
(Last Name) (First Name)
- 3) _____/_____ Charge Amount per Adult _____ Child _____ Infant _____
(Last Name) (First Name)
- 4) _____/_____ Charge Amount per Adult _____ Child _____ Infant _____
(Last Name) (First Name)

Fill in CREDIT CARD TYPE

() Visa () MasterCard () American Express () Discover Card

Card Holder's Name:

(IN BLOCK LETTERS)

Credit Card Number:

(Print Clearly)

Expiration Date:

Billing address (where you receive credit card statements): _____

Card Holder Home Phone: _____ **Cell** _____

I have checked and verified the itinerary, including all names, flight details, dates and times. I fully understand all booking conditions and I hereby authorize Travomint and its suppliers to charge my card in amount of _____ for payment of tickets for all the above travelers. If Airline reservations are included in your travel then your total billing may be split between the airline(s) and the Travomint Merchant.

CARD HOLDER SIGNATURE: _____

(Signature must match the with Id proof)

DATE: _____

For more information, please contact us at +1-888-266-1699 or e-mail us at ccaath@travomint.com