



1906 West Foster Ave
 Chicago, IL 60640
 1-800-929-4662 (TEL)
 1-773-784-5394 (FAX)
 www.axiomatravel.com

Credit Card Authorization

In lieu of my credit card imprint, I _____, hereby authorize
(Name of Cardholder on Credit Card)

Axioma Travel on behalf of _____ to charge my _____
(Issuing Carrier) (Credit Card Name)

Num _____ Exp _____ CSC _____ in the following amounts
(Credit Card Number) (Expiration Date) (Card Security Code)

for payment of transportation charges for myself and / or the following passengers:

_____ for \$ _____
(Full Name of Passenger) (Birth Date of Passenger) (US Dollar amount of Charge)

_____ for \$ _____
(Full Name of Passenger) (Birth Date of Passenger) (US Dollar amount of Charge)

_____ for \$ _____
(Full Name of Passenger) (Birth Date of Passenger) (US Dollar amount of Charge)

Total charge of \$ _____
(Total US Dollars)

For travel to _____ departing on _____
(Destination) (Date)

My Billing address is: _____ Phone: _____

I accept decline the recommended Travel Guard Insurance Plan for the above passengers to be billed to my credit card for a total of only \$_____.

By signing below, I acknowledge charges described hereon. Payment in full is to be made when billed or in extended payments in accordance with the standard policy of the company issuing the credit card. I further agree that in the event the charges are not settled through the credit card named above, I am still obligated to pay Axioma Travel directly for transportation as described hereon. I acknowledge that Axioma Travel is acting only as agent for carrier specified above and that Axioma Travel is not responsible for the quality of service provided by said carrier. I further understand that the tickets issued are non-refundable/ non-changeable and that substantial penalties up to \$350 may be applicable in the event that the tickets are refundable. Axioma Travel will charge a minimum-processing fee of \$50 on all refunds/exchanges above and beyond any and all penalties charged by above-mentioned carrier.

(X) _____
(Signature of Cardholder)

Please provide copy of Credit Card (Front and Back) and Passport or Drivers License of the Cardholder. Fax to (773) 784 5394.