



2800 W PETERSON AVE # 107 CHICAGO IL 60659
TEL: 773-338-9738. FX: 773 346 1323 **** E-MAIL: INFO@AMTRAVELUSA.COM

Credit Card Authorization Form

I _____ A Clint of A.M. Travel, Inc hereby appoint (name of the agent) _____ employee of A.M. Travel, Inc to sign all documents necessary to purchase and issue Airline tickets and other travel document, and to charge these purchase to my card.

1. Name of the Card Company

2. Phone Number of Company

3. Credit Card No

4. Expiration Date

5. Amount:

6. Security Code

Signature as Appear on the back of your credit card:

ONLY FOR THE FOLLOWING PASSENGER

Name of Passengers

Card Holder Address
Name: _____
Address: _____

City: _____ State: _____
Zip Code: _____
Home Tel: _____
Work Tel: _____
Cell Phone: _____

For the protection of Credit Card holder, the Credit Card Companies and Travel Industries require us to verify the signature of the card holder. Please send us the Copy of Driving License/Govt Issued I.D & the chare card from and back (Notarization is not necessary if Cardholder is a Traveler)

NOTARIZATION

For the protection of credit car holder we don't accept third party credit card until this credit card authorization form is properly notarized (Sorry of the Inconvenience)

Name of the Notarize: _____ Date of Notarize: _____

Signature of Notarize: _____