## **One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize Airfare Network or its affiliate to make a one time debit to your credit card listed below. Please email scan copy of your ID card or Passport picture page copy to fares@airfarenetwork.com along with this form.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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I(full name)	authorize Airfare Networ	rk or its affiliate	to charge my credit card
account indicated below for			
(description of goods/servi	ces)		
Billing Address		Phone#	
City, State, Zip		Email	
Account Type: Vice	□ MactarCand □ Δ	MEY D	innavan
Account Type:  Visa	☐ MasterCard ☐ A	MEX Di	iscover
Cardholder Name			<u></u>
Account Number			
Expiration Date	<u> </u>		
CVV2 (3 digit number on back	of Visa/MC, 4 digits on front of	AMEX)	•
SIGNATURE		DATE	<u> </u>

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I also understand that Airline ticket/Tour package are non-refundable and changing Airline date may charge penalty.