



# CREDIT CARD CHARGE AUTHORIZATION

1811 Ave P Ste 6R, BROOKLYN, NY 11229  
PHONE: 718-234-0787; 800-566-0118; FAX: 718-234-0789

BOOKING #: \_\_\_\_\_

ATTN GREEN LIGHT TOURS AGENT:

(PLEASE COMPLETE ALL BLANKS, SIGN AND RETURN BY FAX OR EMAIL)

IN LIEU OF MY CREDIT CARD IMPRINT (UCC Form),

I, \_\_\_\_\_  
(PRINT FULL NAME AS ON CARD)

HEREBY AUTHORIZE GREEN LIGHT TOURS OR ITS AFFILIATE, CONSOLIDATOR OR THE TRANSPORTING AIRLINE,

TO CHARGE \$ \_\_\_\_\_  
(AMOUNT)

ON MY CC# \_\_\_\_\_ SVV \_\_\_\_\_  
(CREDIT CARD NUMBER)

EXPIRATION DATE \_\_\_\_\_ FOR THE PAYMENT OF:  
TRANSPORTATION, VACATION PAX, CRUISE, TRAVEL INSURANCE (please underline) OF MYSELF AND/OR

(PLEASE LIST EACH PARTY YOU AUTHORIZE TO BE CHARGED TO YOUR CC# FOR THE FOLLOWING ITINERARY):

DATE OF DEPARTURE \_\_\_\_\_ DEPARTURE CITY \_\_\_\_\_

DATE OF RETURN \_\_\_\_\_ DESTINATION \_\_\_\_\_

MY BILLING ADDRESS IS:

(IF TICKET ISSUED IS NOT AN E-TICKET, THE DOCUMENTS WILL BE MAILED TO THE ABOVE ADDRESS)

TELEPHONE: HOME: \_\_\_\_\_ OFFICE: \_\_\_\_\_

By signing below, I acknowledge charges described hereon, payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. I am also aware of all restrictive conditions on the ticket(s) that I am purchasing (Non Refundable, Non Changeable/ Changeable with a fee, etc.), and other airline conditions for which Green Light Tours is not responsible. I recognize that the above amount may be different from the amount that appears on my tickets and/or travel documents. Please note that all taxes & service charges are included in the above amount. I have read and agree to the Green Light Tours terms and conditions.

SIGNATURE OF CARDHOLDER: \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE: PLEASE ENCLOSE PHOTOCOPY OF CREDIT CARD (FRONT & BACK) AND ANY PHOTO ID (SUCH AS DRIVER LICENSE) OF CARDHOLDER WITH THIS AUTHORIZATION FORM**

In order to protect yourself and our company against the fraudulent use of Credit and Debit cards, please complete, sign, and return this form together with a photocopy of both the front and back of your credit card or debit card and photo ID of cardholder. The personal information supplied by you will be treated in the strictest confidence and will only be used for this transaction.

FOR OFFICE USE ONLY

INVOICE: \_\_\_\_\_ APPROVAL #: \_\_\_\_\_ BILLING: \_\_\_\_\_

FAX THIS FORM TO: (718) 234-0789  
OR  
EMAIL TO: SALES@TRAVELMIR.COM