

METRO INTERNATIONAL TRAVEL

6506 Loisdale Road, Suite 205, Springfield, VA 22150

To : _____

Fax : _____

Return To : _____

Our Fax Number : 703-528-5911

CREDIT CARD AUTHORIZATION

Credit Card Number : _____ Exp.Date : ____/____

Type of Card : _____ Issuing Bank Name : _____

Card Holder's Name : _____

(First) (Print)

(M)

(Last) (Print)

Billing Address : _____

(Street)

(Apt. #)

(City) : _____ State _____ Zip _____

Telephone-Home : _____ Work : _____

Being paid for

Passenger (s) : _____

Itinerary : _____

Authorized Charge Amount (US Dollars) : _____

PLEASE READ CAREFULLY

I, hereby give full authorization to consolidator [MIT] & _____ the above-mentioned amount on my credit card. I shall not DECLINE, REJECT or CHALLENGE the amount charged on my credit card for the above-mentioned transaction.

Card Holder's Signature : _____

PLEASE ATTACH PHOTO COPY OF CREDIT CARD & DRIVER'S LICENCE
(FRONT & BACK)

Comment : _____