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CREDIT CARD AUTHORIZATION FORM

In lieu of my credit card imprint, I _____ authorize

PAL KE CX CI BR OZ JL OTHERS Merchant

to charge my credit card (Card Number) _____ which expires on _____

the total amount of (USD) _____ for payment of airline ticket(s) / tours for the following person(s):

Last Name (complete name as written in your passport)	First Name/Middle Name	Relation- ship with card holder	Date of Birth	Dep. Date	Return Date	Amount Per person
1 _____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____	_____

Airline: _____ Routing (ex. LAX-MNL): _____

Card Holder's Date of Birth: _____

Attached is a clear photocopy of my **credit card** and **driver's license**.

 Cardholder Signature

 Date

Address:

Telephone Number:
 Home: () _____ - _____
 Work: () _____ - _____

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