



Please complete and fax this form to (312) 263 - 6285

**CREDIT CARD/DEBIT CARD AUTHORIZATION FORM**

*I hereby authorize Artun Travel Inc. to debit my credit/debit card for the cost of my/hotel/ flights booked under,*

**PASSENGER NAME RECORD (PNR):** \_\_\_\_\_

**TOTAL FARE: \$** \_\_\_\_\_

**NAME OF PASSENGER(S):** \_\_\_\_\_

**NAME OF CARD HOLDER:** \_\_\_\_\_

**CONTACT PHONE NO:** \_\_\_\_\_

*\*\*\*CARD HOLDER MUST FAX PICTURE ID\*\*\*\**

**CARD NUMBER** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

*3 or 4 DIGIT SECURITY NUMBER (located on front or back of credit card):* \_\_\_\_\_

**CARD HOLDER SIGNATURE:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

*(If different from above)*

**AGENT E-MAIL ADDRESS:** \_\_\_\_\_ *ldikmen@artuntravel.com* \_\_\_\_\_

- *PRICES ARE NOT GUARANTEED UNTIL TICKETING*
- *THIS FORM MUST BE COMPLETED BY THE CARD HOLDER ONLY*
- *ONLY U.S.A. CREDIT CARD AND BILLING ADDRESS WILL BE ACCEPTED*

**Credit Cards accepted:** *Visa, Master Card, Diner's Club, Discover, American Express*

**Debit Cards accepted:** *Visa and Master Card co-branded*