

MAAZDA TRAVEL**CREDIT CARD AUTHORIZATION FORM**

H.O.:21700 Oxnard St., #1125, Woodland Hills, CA 91367. Phone: (818) 789-0543, Fax: (818) 906-3099
 B.O. : 1633 Bayshore Highway, Ste 332, Burlingame, CA 94010, Phone: (650) 259-7677, Fax: (650) 259-7666
 B.O. : Phone: (214) 637-2990,. Email address: info@maazdatravel.com

**Copy of Your
 Credit Card (Front Side)
 Copy Must be clear**

**Copy of Your
 Credit Card (Back Side)
 Copy Must be clear**

Please fill in the details and provide with requested copies of Credit Card and Identification

(Best way is, to make a light copy and enlarge the photocopy of the credit Card)

**Copy of Your
 Driver's License
 Copy Must be clear**

I, _____, hereby Authorize MAAZDA TRAVEL,(H/O)
 21700 Oxnard St., #1125, Woodland Hills, CA 91367. To Charge My American Express/ Master
 Card/ Visa Card/DS Card No._____ Exp._____

Name & Phone of Issuing Bank (you will find this at the back of your Card) _____

The amount of \$_____ (dollar in Words) _____

For Purchase of the Ticket for _____ on Airline _____

Traveling on (date of Travel) _____. I also understand that in case of Refund/ Changes
 and cancellation there will be Penalties & Charges.

X _____
Credit Card Holder's Authorized Signature

Date: _____

Phone Home: _____

Phone Works: _____

<u>CREDIT CARD HOLDER'S BILLING ADDRESS</u>

For official use (Do not write below this line)

Authorization# _____ Amount _____ Date _____ By _____