



# CREDIT CARD CHARGE AUTHORIZATION

213 WEST 35th STREET, SUITE 1201, NEW YORK, NY 10001  
PHONE: 888-808-4123 FAX: (646) 225-5232 / (212) 478-0337

TID # (ONLINE BOOKING #): \_\_\_\_\_

ATTN FARE BUZZ AGENT: \_\_\_\_\_

**COMPLETE ALL BLANKS, SIGN AND RETURN**

IN LIEU OF MY CREDIT CARD IMPRINT, I \_\_\_\_\_  
(PRINT FULL NAME AS ON CARD)

HEREBY **AUTHORIZE FARE BUZZ** OR IT'S AFFILIATE OR THE TRANSPORTING AIRLINE, TO CHARGE \$ \_\_\_\_\_  
(AMOUNT)

on my CC# \_\_\_\_\_ CCV# \_\_\_\_\_  
(CREDIT CARD NO.) (3 OR 4 DIGIT SECURITY NO.)

EXPIRATION DATE \_\_\_\_\_ FOR THE PAYMENT OF TRANSPORTATION OF MYSELF AND/OR

\_\_\_\_\_  
(PLEASE LIST EACH PARTY YOU AUTHORIZED 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 that I am purchasing; (Non Refundable, Non Changeable/ Changeable with a fee, etc.), and other airline conditions for which Fare Buzz is

not responsible. I recognize that the above amount may be different from the amount that appears on my tickets . Please note that all taxes & service charges are included in the above amount. I have read and agree to the Fare Buzz terms and conditions.

SIGNATURE OF CARDHOLDER X \_\_\_\_\_ DATE \_\_\_\_\_

**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. 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 (646) 225-5232 OR TO \_\_\_\_\_**



PATA

