



Prime Time Tours & Travels

18500 Pioneer Blvd # 204, Artesia, CA 90701

TEL: (562) 860-5700 / FAX: (562) 860-5590

Authorization for CREDIT CARD USE

Credit card number : _____ Expiration date : _____

Issuing Bank : _____ and Telephone No : _____

CC Holder Name : _____

CC Billing Address : _____

Phone Number (H) : _____ (B) : _____

Name of passenger(s) _____

Authorized charge amount in USD \$ _____ Confirmation signature _____

PLEASE READ CAREFULLY BEFORE SIGNING

I give full authorization to SLT (ticket issuer), _____ (Travel Agent)
and _____ (Airline) to charge the above mentioned amount
on my credit card as identified above and shall not decline, reject or challenge such amount
charged on my credit card for the purpose of paying for air tickets for the passengers identified
above. I also declare that I am aware of some restrictions that may apply to the tickets purchased
by this transaction and that I am satisfied such restrictions have been explained to me.

Card holders signature _____

Signed at (city) _____ on date _____

**PLEASE ATTACH PHOTOCOPY OF CREDIT CARD (FRONT AND BACK)
AND DRIVERS LICENCE.
PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE. NO EXCEPTIONS.**