

**AL MANASIK & AFFILIATED PARTNERS**  
**9220 SW Barbur Blvd. Suite 119-331**  
**Portland, Oregon 97219**  
**PH: (877) 468-6425 ---- Fax: (877) 839-6940**

CREDIT CARDHOLDER'S AUTHORIZATION FORM

I \_\_\_\_\_ HEREBY AUTHORIZE AL MANASIK & AFFILIATED  
PARTNERS TO CHARGE MY \_\_\_\_\_ CARD

AC# \_\_\_\_\_ EXP DATE: \_\_\_\_\_

IN THE AMOUNT OF \$ \_\_\_\_\_ FOR TRAVEL SERVICES RENDERED.

FOR PASSENGER(S): \_\_\_\_\_

TRAVEL ITINERARY: \_\_\_\_\_

PASSENGER HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

ADDRESS WHERE TICKETS TO BE MAILED: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CREDIT CARD HOLDER'S NAME: \_\_\_\_\_

CREDIT CARD STATEMENT ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

I FULLY UNDERSTAND THAT I WILL BE CHARGED FOR ALL PENALTIES AND FEES THAT MAY BE INCURRED DUE TO CANCELLATIONS. I ALSO UNDERSTAND THAT ALL PRICES QUOTED ARE NOT GUARANTEED UNTIL FULL PAYMENT HAS BEEN RECEIVED. BY SIGNING THE CHARGE FORM BELOW, I ACCEPT ALL CHARGES. AL MANASIK & AFFILIATED PARTNERS ARE NOT RESPONSIBLE FOR LOST OR STOLEN TICKETS.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

AIRLINE(S): \_\_\_\_\_

\* TICKETS WILL NOT BE ISSUED WITHOUT COPIES OF THE CREDIT CARD AND A COPY OF THE CREDIT CARDHOLDER'S DRIVERS LICENSE FAXED WITH THIS COMPLETED FORM \*