



Credit Card Authorization Form

ATTN AGENT: _____ BOOKING# _____

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

HEREBY **VERIFY M.I TRAVEL INC** OR IT'S AFFILIATE OR THE TRANSPORTING AIRLINE, TO CHARGE \$ _____
(AMOUNT)

ON MY CC# _____ CVV _____

(CREDIT CARD NO)

EXPIRATION DATE _____ FOR THE PAYMENT OF TRANSPORTATION OF MYSELF AND/OR

(PLEASE LIST EACH PARTY YOU AUTHORIZE 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: _____ EMAIL: _____

TERMS & CONDITIONS

By signing below, I acknowledge charges described hereon, payment is 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, Umrah or Hajj Package and Hotels that I am purchasing: (Non-Refundable, Non-Changeable/Changeable with a penalty and fare differences, etc) and other airline conditions for which M.I TRAVEL INC 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 M.I TRAVEL INC terms and conditions.

SIGNATURE OF CARDHOLDER X _____ DATE _____

⇒ **Note:** Identification is required. Please provide a photocopy of the credit card (front & back) and passport or driver's license of the cardholder.