**Credit card Authorization Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Card Holder’s Name |  | State:Zip: |  |
| Card Number  |  | Billing Address: |  |
| Cvv |  | E-mail: |  |
| Expiry |  | Total Amount  |  |

This is to confirm that, in keeping with all applicable laws, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of credit card holder as shown on credit card) hereby authorized **Goindo Travels**. to charge the above-mentioned amount on my credit card for the purpose of ticket purchases.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: 872-248-9224

Email: goindoairtravels@usa.com

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Credit Card holder’s authorized Signature)