

PARK PLACE INTERNATIONAL
923 E. Valley Blvd. – Ste. 112
San Gabriel, CA 91776
Tel. 626 573-1818
Fax 626 573-2999

CARDHOLDER'S AUTHORIZATION TO CHARGE CREDIT CARD

I, _____ hereby authorize Travel, Travel/Park Place International to charge my credit card in the amount indicated below. I understand that these charges are for payment of travel expenses for myself and those I have designated below (NOTE: THIRD PARTY CARDS ARE NOT ACCEPTED) Complete details of the charges I authorize are as follows:

Circle one: Visa Mastercard American Express Discover Other _____

Account Number _____ Expiration _____

Cardholder _____

Billing Address _____

City _____

Telephone : Day () _____ Evening () _____

Itinerary: _____

Passengers' names: _____

Total amount to be charged: US\$ _____

By signing, I understand and acknowledge the charges described hereon and I waive my rights to dispute these charges. Under the laws of my Sate I certify the foregoing to be true and correct. I understand that for purposes of signature verification a copy of my driver's license or passport and credit card will be taken and kept along with this authorization.

Cardholder Signature _____ Date _____