I acknowledge receipt of ticket(s) and/or coupons for related charges described hereon. Payment in full to be made when billed or in extended payments in accordance with the standard policy of company issuing card and as reflected in applicable tariffs.

X

STANDARD CREDIT CARD CHARGE FORM

AIRLINE CODE

DATE OF ISSUE

Issuing Airline Copy

Agent Copy

Cardholder Copy

AGENT CODE

NAME OF PASSENGER IF OTHER THAN CARDHOLDER

CONNECTION OF PASSENGER WITH SUBSCRIBER

COMPLETE ROUTING	FARE BASIS	CARRIER

AIRLINE

TICKET NUMBER

APPRROVAL CODE

TICKET NOT TRANSFERABLE
NO CASH REFUNDS

CREDIT CARD NAME/CODE

CARDNUMBER

FARE	TOTAL		ROUTE CODE	
TAX				
EQUIV AMT PD				

CARDHOLDERS NAME

EXPIRES END