



**CREDIT CARD CHARGE
VERIFICATION**

ATTN AGENT: _____ BOOKING # _____

COMPLETE ALL BLANKS, SIGN AND RETURN

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

HEREBY **AUTHORIZE MPR TRAVEL** OR IT'S AFFILIATE OR THE TRANSPORTING AIRLINE, TO CHARGE \$ _____
(AMOUNT)

ON MY CC# _____
(CREDIT CARD NO.)

EXPIRATION DATE _____ FOR THE PAYMENT OF TRANSPORTATION OF
MYSELF AND/OR _____
(PLEASE LIST EACH PARTY YOU AUTHORZE 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

By signing below, I acknowledge charges described here on, payment in 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 that I am purchasing; (Non Refundable, Non Changeable/ Changeable with a fee, etc.), and other airline conditions for which MPR Travel is

: OFFICE:

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 and read and agree to the MPR Travel terms conditions.

SIGNATURE OF CARDHOLDER X _____ DATE _____

NOTE: PLEASE ENCLOSE PHOTOCOPY OF CREDIT CARD (FRONT & BACK) AND PASSPORT OR DRIVERS LICENSE OF CARDHOLDER WITH THIS VERIFICATION FORM.

FOR OFFICE USE ONLY _____

INVOICE: _____ APPROVAL #: _____ BILLING: _____

FAX THIS FORM TO 212-684-2511