

CTN Loc # 484
HAWTHORNE

CTN
CREDIT CARD AUTHORIZATION FORM

Passenger Names

1. _____ Relationship _____
2. _____ Relationship _____
3. _____ Relationship _____
4. _____ Relationship _____

Cardholder Name: _____ CC Type: _____

Number _____ Exp _____ CSC _____

Billing Address _____

Bus Phone Number _____ Home _____

AMOUNT TO BE CHARGED

Cardholder Signature _____

I hereby authorize CTN to charge my credit card in the amount indicated above I understand that these charges are for payment of Airline tickets for me and or those designated above and that I am aware of all restrictions on the tickets certain restrictions may Apply, including tickets to be non refundable

Agency Information

Agency Name HOLIDAY TRAVEL SVCS	ARC #
Address: 12917 HAWTHORNE BLVD, HAWTHORNE CA 90250	
Phone: (310) 970-1852	Fax: (310) 970 9654
Agent Name	Signature

CTN use only

Tkt Number	PNR
Date of Issue	Agent
Inv. Number	Route

**PLEASE SIGN AND SEND
E-MAIL: sales@travoly.com**

BACK WITH COPY OF ID TO FAX NO. 310-970-9654 OR TO THE