



FIZA TRAVEL INC.

15 Prospect Lane Suite # B5
Colonia New Jersey 07067
Phone : 732 400 7847
Fax : 732 231 7377
Email : fizatrael@yahoo.com
Website: www.fizatrael.com

CREDIT CARD AUTHORIZATION FORM

Please fill out the details below and fax this form along with copies of your credit (both sides) and drivers licence.

To: Fax: 732 231 7377

PLEASE MAKE SURE TO SEND CLEAR COPIES OF THE ABOVE.

I _____ hereby authorize FIZA TRAVEL INC to charge
(Credit Card Holder Name)

My American Express / Master Card / Visa card / Diners Card No

_____ expiry date _____ the amount of

US \$(amount in words) _____ for purchase of Air Ticket(s) for
travel on FIZA TRAVEL and their partner Airlines. I understand that the ticket(s) and or
coupon(s) are not transferable and not eligible for cash refunds.

Air Fare	\$
Taxes	\$
Total Charges	\$

Credit Card Holder's Billing Address

.....	Date
.....	Phone: (Day)
.....	Phone: (Eve)

X.....
Credit Card Holder's Authorized Signature

.....
For Official use (Do not write below this line)

Record Locator:

Authorization #..... Amount Date.....

Ticket Number.....

By.....