PEAK TIME TRAVEL AND TOURS

74 - 09, 37th AVE, JACKSON HEIGHTS, NY 11372.
PHONE: (718)-803-0400 FAX : (718)-803-0493
E-MAIL : peaktimetravel@aol.com
Webside : www.peaktimetravel.com

CREDIT CARDHOLDER'S AUTHORIZATION

I _____ cardholder do authorize to charge my credit card listed below in the amount of $ _____ (amount in words : _____ _____)

Passenger's name : _____

And Relation : _____

Credit card number : | | | | | - | | | | | - | | | | | - | | | | |

Expiration Date : (MO/YR) | | | | | C.C Security Code: | | | | | | | | |

Cardholder's name: _____

Cardholder's billing address : _____

Cardholder's home phone number: _____

Travel insurance : (STRONGLY RECOMMENDED) _____

Accepted _____ Denied. _____

Passenger's E-mail : _____

IMPORTANT :

1 Penalty involved on each ticket (plus fare difference if applicable) for change or cancellation of each ticket requested prior to your flight.
2 Partially used tickets / and in some airlines completely not used tickets are not refundable.
3 Valid travel document, including passports, visas and vaccination certificates must be carried during the entire journey.
4 Passenger must reconfirm reservation directly with airline 72 hours prior to each flight departure. Failure to do so may result in cancellation of reservation.
5 Travel agent's) carry no responsibility for problems that are beyond.
6 Travel agent's) carry no responsibility for such factors as, weather conditions, delays or cancellation that may occur, government actions, your medical or physical disabilities, your failure to obtain valid travel documents or your failure to follow travel instructions.

PLEASE PROVIDE PHOTOCOPY OF THE CREDIT CARD (FRONT AND BACK) AND ANY GOVERNMENT VALID ID OF THE CARD HOLDER.

SPECIAL SERVICE: RECONFIRM your seat without hassle from our Karachi office on telephone.
PSA PHONE # (0 2 1 - 2 7 9 0 0 8 3 / 8 4)

By signing this I confirm that read, understood, and agreed with the information listed above.

Signature of cardholder: _____ DATE : | | | - | | | - | | | | |