

for any reason.

Card holder's Sign:

8440 267TH ST.
Foral Park, NY 11001
cs@travopedia.com
1-800-809-3765

CREDIT/DEBIT CARD AUTHORIZATION FORM

				Agent Na	ame :	
Bank Details	:					
Credit Card # *				Expiration I	Date *	
Issuing Bank *				Issuing Ban	<u> </u>	
	-				_	
* Required					TOTAL AN	OUNT AUTHORIZED
It is important that	the billing address and	d phone number	you provide are	the	Ċ	
address and phone	number that your cre	dit/debit card co	mpany has on fil	e for	\$	
you. We will not be	able to process your	order if the infori	mation provided	does	•	
not match						
Card Holder De	etails :-					
FIRST NAME :				LAST NAME :		
ADDRESS :				SUITE / APT #	+	
		CTATE .		DOTTE / AFT #	710 .	
CITY:		STATE :			ZIP:	
Passenger I						
Pl	ease read carfefu	lly Before Sig	ning			
identified above an paying for air ticket	tion to Travopedia LLC nd shall not decline, rej ts/Hotel reservations fon ne name on my credit,	ect or challenge or the passenger	such amount chars is identified abov	arged on my cre	dit/debit card	for the purpose of
PLEASE ATTACH A I	such restrictions have PHOTOCOPY OF CREDI ST BE LEGIBLE FOR ACC	T/DEBIT CARD (fr	ront & back) ANI) ALSO A COPY (OF YOUR DRIV	ER'S LICENSE.
	non-refundable. not responsible for an nber; airline refusal to					

Date: