

DREAMS TRAVEL AND TOURS INC

**7001, Loisdale Rd,
Suite C, Springfield ,
VA-22150**

TEL: 202 558 2929 / FAX: 1-888-846-6600

**CREDIT CARD
AUTHORIZATION FORM**

Credit Card No : _____ Exp. Date: _____

Issuing Bank: _____ Tel No: _____

Security Code : _____ (You will find this at the back of your card)

Name of passenger(s) _____ (Date of Birth) _____

_____ (Date of Birth) _____

_____ (Date of Birth) _____

Authorized charge amount in US\$: _____ Confirmation Signature _____

PLEASE READ CAREFULLY

This is to confirm that, in keeping with all applicable laws, I, _____
(Name of credit card holder as shown on credit card) hereby authorized **DREAMS TRAVEL AND TOURS INC.**
at 244, 5th Ave # 2732, New York NY 10001 to charge the above-mentioned amount on my credit card for
the purpose of paying for air tickets for the passengers identified above .The credit card holder stated, has
authorized this transaction and card holder will indemnify and hold **Dreams Travel & Tours Inc.** harmless
with respect to these charges. It is understood and accepted that to provide additional security
information, Front and the back of the credit card and the driver license.

Cancellation policy: Penalties and refunds vary per airline, plus our handling service fees of **US \$100.**

I HEREBY PROMISE NOT TO DISPUTE OR CONTEST THESE CHARGES ONCE THE CREDIT IS APPROVED

X _____
(Credit Card holder's authorized Signature)

Credit Card Holder's Billing Address

Signed at (city) _____ Date _____

Home Phone _____

Work Phone _____ Fax: _____

Driver's License No. _____ Issued in _____

**PLEASE ATTACH PHOTOCOPY OF CREDIT CARD (front & back) AND A PHOTOCOPY OF DRIVER'S
LISCENCE. PHOTOCOPIES MUST BE VERY CLEAR FOR ACCEPTANCE. NO EXCEPTIONS.**

(The best way to do this is to make a light copy and enlarge the photocopy of the credit card)