

## **123 GO AIR.**

57 N. Bway, Suite #208, Hicksville, NY 11801 TEL: 212-920-6412 FAX: 212-920-6496



Date

Email: info@123goair.com www.123goair.com

## CREDIT/DEBIT CARD AUTHORIZATION FORM

(This form must be fully completed before tickets can be issued.)









## Dear Sir/ Madam:

Passenger(s) Name:

Signature of Card Holder

This is to confirm that in keeping with all applicable laws, I am instructing 123 Go Air to issue the following ticket(s) against the Credit/Debit Card listed below. It is expressly understood that this amount charged does not include or constitute any additional fees related to our acceptance of credit/debit card as form of payment, unless permitted by law. I further represent that I, the credit/debit card holder, has authorized this transaction and that I will indemnify and hold 123 Go Air, harmless with respect to these instructions. It is understood and accepted that to provide additional security for my benefit, 123 Go Air, Inc. may request verification of my billing address. It is further understood and agreed that I accept full responsibility for the amount due 123 Go Air.

Cancellations inclusive of all costs are anywhere between US \$350 to US \$1,000 per ticket depending on the airline/ seasonality. Cancellation and refund policy for every airline is not necessarily the same. Airline cancellation policy for consolidator tickets are different from full fare tickets. Refund of the ticket takes anywhere between 8-10 weeks. Some airline tickets are non-refundable.

Travel Date:	From :	To
Total Charge Amount: \$		
Credit Card Number		Expiration Date
Card Holder's Name		Phone:
Card Holder Billing Address:(No P.O. Box Acceptable)		
	,	Oriver's License. Please make all copies as light as able to process issuing of your ticket.
By signing below, I certify that I have application.	read, met and agreed t	o all of the above conditions and disclosures on this