

Evia Travel Inc.

CREDIT CARDHOLDER'S AUTHORIZATION

IN lieu of my credit card imprint, I, _____
(Name of credit card holder)

hereby authorize

(Travel Agent's Name)

to charge my _____
(Credit Card Name) (Credit Card #) (Exp. Date)

In the amount _____ for payment of transportation for myself and or

(Full name(s) of the Passenger other than the credit card holder)

(Full name(s) of the Passenger other than the credit card holder)

for travel from/to _____ departing on _____
(Origin/Destination) (MM/DD/YY)

My Billing Address _____

Phone: _____
(Street address) (Home)

Phone: _____
(City/State/Zip code) (Work)

Note: Identification is required. Please provide a photocopy of the credit card
(front & back) and passport or driver's license of the credit card holder.

By signing below, I acknowledge charge describe hereon. Payment is full to be made
when billed or extended payment in accordance with the policy of the company issuing
the credit card.

X _____

Date: _____

TEL: 773-506-8100 FAX: 773-506-9422 E-MAIL SID@EVIATRAVEL.COM
2818 W PETERSON AVE, CHICAGO IL 60659