



TWO NILES TRAVEL SERVICES

100 ALCOTT PLACE, SUITE 13H, BRONX, NY 10457

PHONE: (718) 992.0444 - (917) 907.4293

PHONE/FAX: (347) 862.0707 WEB: WWW.GETLOWFARES.COM

CREDIT CARD AUTHORIZATION

In Lieu of my credit card imprint, I

cardholder's name as on credit card

hereby authorize **Two Niles Travel** to charge my

credit card type

credit card number

expiration

in the amount of \$ _____ for the payment for transportation of myself and or

full name(s) of passenger(s) if other than cardholder

for itinerary as follows:

I understand that tickets are non-refundable

NOTE: Identification is required. Please provide photocopy of front and back of CREDIT CARD and PASSPORT/DRIVER'S LICENSE

My billing address:

street

city

state

zip code

Home phone (_____) _____ Office (_____) _____

By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or extended payment in accordance with standard policy of company issuing card

[X] Signature of Cardholder