



**MARTIN TRAVEL SERVICES**  
 4644 North University Drive  
 Lauderdale, FL 33351  
 Ph: (954)-748-6881  
 FAX: (954)- 748-6855

## CREDIT CARD HOLDER'S AUTHORIZATION

For Visa and MasterCard purchases, please include the Vcode, the 3 numbers after your account number, which is found on the back of your card above your signature. For American Express the Vcode is located on the front of your card. Please fax legible copy of ID and Credit Card front and back.

I \_\_\_\_\_, hereby authorize

**NAME OF CARD HOLDER AS SHOWN ON CREDIT CARD**

Martin Travel Services/Flights to Brazil to charge my \_\_\_\_\_ number (TYPE OF CREDIT CARD)

\_\_\_\_\_ VCODE \_\_\_\_\_ EXP \_\_\_\_ / \_\_\_\_

(CREDIT CARD ACCOUNT NUMBER)

For Passengers: \_\_\_\_\_

In the amount of \_\_\_\_\_ for payment of TRAVEL/AIRLINE SERVICES.

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

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

A VISA STAMP IS REQUIRED TO ENTER BRAZIL - PLEASE SEE  
<http://www.brazilmiami.org/eng/index.php>

By signing below I am authorizing Martin Travel Services to charge my above-mentioned Amount for payment of airline fees and/or services.		<b>UNIVERSAL CREDIT CARD CHARGE FORM</b>		DATE AND PLACE OF ISSUE
		CARRIER CODE	<b>3. CONTRACTOR INVOICE COPY</b>	
		DATE OF ISSUE	IF EXTENDED PAYMENT APPLICABLE, CIRCLE NO. OF MONTHS <b>3 6 9 12</b> _____	
NAME OF PASSENGER IF OTHER THAN CARDHOLDER	OTATO NO.	CONNECTION OF PASSENGER WITH SUBSCRIBER		APPROVAL CODE
<b>COMPLETE ROUTING</b>	FARE BASIS	CARRIER	AIRLINE	FORM SERIAL NO.
		<b>TICKETS NOT TRANSFERABLE NO CASH REFUNDS</b>		<b>Enter Credit Card Number</b>
		CREDIT CARD NAME/CODE		
FARE	TOTAL	ROUTE CODE		
TAX				
EQUIV. AMT. PG.				

PLEASE COMPLETE FORM AND FAX TO: 954-748-6855 - THANKS!