



LOWFAREINDIA.COM

A SUBSIDIARY OF LOWFARE LLC

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Credit Card Authorization Form

Kindly complete this form and fax it to **(301) 560 3499**

Passenger Name(s):						
Amount Authorized (\$):						
Cardholder Name:						
Billing Address:						
	City:		State:		Zip:	
Type of Card:	VISA: <input type="checkbox"/>	MC: <input type="checkbox"/>	AMEX: <input type="checkbox"/>	DS: <input type="checkbox"/>		
Card Number:						
Expiration Date:		Card Verification #:				

Please initial each box

- I understand that the passenger names entered on this form must match exactly the first and last names in each passport. Any discrepancy may result in cancellation, change fees, new and/or higher fares, or denial of services.
- I understand that it is my responsibility to check requirements and obtain the correct travel documentation ie. Passport, visas, transit visas, identification, etc. for the destination(s) to be visited.
- I understand that changes and refunds are subject to a \$25 service charge plus any applicable airline penalties.
- I understand that there are no refunds for partially used tickets or no shows.

I hereby authorize Lowfare LLC, LowfareIndia.com, World Travel Network, or its representatives, to charge my credit / debit card as above.

I hereby acknowledge charges described hereon, and payment in full to be made when billed, or in extended payments, in accordance with standard policy of the credit/debit card company issuing the credit/debit card mentioned above.

Signature of card holder: _____
Name of card holder: _____

Note: Please provide the front and back copies of the credit/debit card and a copy of a government issued picture id of the card holder for proper identification. Failure to do so may result in non issuance of travel documents.