



In lieu of my Credit Card, I _____
(NAME OF CREDIT CARD HOLDER AS SHOWN ON CREDIT CARD)
hereby authorize "Apollo Travel LLC", also operating as "DTT", and/or the airline on which I am
traveling to charge my credit card which details I have included below:

[_____] [_____] [_____]
(CREDIT CARD NUMBER) (EXPIRATION DATE) (SECURITY CODE)

In the amount of [\$ _____] for the payment of transportation for myself and/or for

Mr./Mrs./Ms: [_____]
(FULL NAME OF PASSENGERS)

Mr./Mrs./Ms: [_____]

Mr./Mrs./Ms: [_____]

By signing this authorization I agree that I shall not decline, reject or challenge such amount charged on my credit card for the purpose of paying for air tickets and/or related services for the passengers identified above. I also declare that I am aware that restrictions may apply to the tickets/services purchased and that I am satisfied that such restrictions have been explained to me. I do understand that Apollo Travel LLC acts only as agent for the operators of related services. Furthermore, I understand and agree that Apollo Travel LLC accepts no responsibility for any injury, damage, loss, accident, delay or irregularity that may occur in connection with the performance of these services. I, the cardholder, take full responsibility for the charges on account described above.

[_____]
(BILLING ADDRESS – STREET, CITY, STATE, ZIP or POSTAL CODE)

[_____]
(MAILING ADDRESS IF DIFFERENT FROM BILLING ADDRESS)

EMAIL: [_____]

[_____] [_____]
(SIGNATURE OF CARD HOLDER) (DRIVER'S LICENSE ID NUMBER)

[_____] [_____]
(DAYTIME TELEPHONE NUMBER) (CELULAR TELEPHONE NUMBER)

IMPORTANT

**Fax this form together with front and back copy of the credit card and photo identification to the number below corresponding to the office issuing the ticket(s).
Please fill-in one form for each credit card to be charged.**