

ZOHNY TOURS INC.

6808 4th Avenue
Brooklyn, NY 11220
P: 718-921-5000
F: 718-836-2265

Attention: _____

From: _____

Credit Card Authorization Form

In lieu of my credit card imprint, I _____
(Name as shown on credit card)

hereby authorize ZOHNY TOURS INC., to charge my credit card _____
(Credit card number)

_____ in the amount of _____, for the payment of my
(Expiration date)

Ticket and/or _____.
(Passenger Names)

My billing address is as follows: _____

City _____ State _____ Zip Code _____

Phone Number: _____

Fax Number: _____

*** PLEASE PROVIDE CLEAR COPY OF CREDIT CARD (front & back) ALONG WITH GOVERNMENT IDENTIFICATION.**

By signing below I acknowledge the charge hereon and payment in full made when billed or in extended with policy of company issuing card.

X _____
(Signature of cardholder)