

1 Stop Travel

A Division of South Pacific Express, Inc. 1586 Bush St., San Francisco, CA 94109 Telephone (415) 775-8989 Facsimile (415) 928-1960 Toll Free (800) 321-7739

CREDIT CARD HOLDER'S AUTHORIZATION

In lieu of my Credit Card Imprint:	
p <u>-</u>	(NAME OF CREDIT CARD HOLDER AS SHOWN ON CREDIT CARD)
	(When charge appears on your credit card statement, merchant will s, Inc." or the airline carrier in which you are traveling in) to charge
	/
(CREDIT CARD NUMBER)	(EXPIRATION DATE) (3 or 4 DIGIT SECURITY CODE) Located back or front of your card
** VISA or MASTERCARD Security Code: Thre AMERICAN EXPRESS: Four digits located on the	ee digits located on the reverse side of the credit card next to the signature line.
In the amount of \$	for the payment of transportation for myself
and/or for Mr./Ms.:	
(FULI	L NAME(S) OF ALL PASSENGER(S)
only act as agent for the operators o Pacific Express Travels / 1Stopta	rstand that South Pacific Express Travels , Inc. / 1Stoptravel f transportation, accommodation, and other related services. South ravel accepts no responsibility for any injury, damage, loss, accident, any irregularity which may occur in connection with the performance
I, cardholder take full responsibility f	for the charges of my above account.
Billing Address of where you	Email address
Receive your credit card bill	
Address where you want you	ur travel documents mailed to
Signature of Card Holder	Driver's License / I.D. Number
 Daytime Telelphone Number	Cellular Telephone Number

Important:

*Fax this form, front and back of copy of your credit card AND copy of photo identification. Make copies of this form if needed. Make copies for each different credit card numbers and specified the amounts your are authorizing.