



Credit Cardholder's Authorization

FAX BACK : 562-263-9000

In lieu of my credit card imprint, I _____
(name of Cardholder as shown on credit card)
hereby authorize Sacred India Tours & Travel, Inc. {DBA} AIR CONSOLIDATORS
(Issuing carrier/travel agent/tour operator name)
to charge my credit card VI/MC/AX/DC EXP
(credit card name, number & expiration date)
in the amount of USD _____ for payment of tour/transportation of

Myself and / or _____
(Full name(s) of passenger(s) if other than cardholder)
for itinerary as follows _____
(Complete routing only)

My billing address _____
(billing address on the credit card)

My mailing address _____
(If different from above)

My phone/fax number(s) (H) _____ (W) _____ (F) _____
(Fax [home] or [work], circle one)

***Credit Card Security Code** _____
(3 digits Master/Visa/Discover back of the card & 4 digits Amex front of the card)

IMPORTANT NOTE : Identification is required. Please provide photography of the credit card (front & back) and driver's license or passport of Cardholder.

By signing below, I / We acknowledge described hereon and understand the refund/cancellations penalties that have been explained and / or agreed verbally and/or in writing relating to this type of purchase. I / We also agree to pay for any charge backs or contest of this credit card charge.

(credit card issuing bank name) _____
(Signature of cardholder)

(Customer service phone number on the back of the card) _____
(Full printed name)

[STRONG ADVICE : Click Here To Buy Travel Insurance](#)



Tour/travel Company Validation _____
Tour/travel Agent name & signature _____
For Sacred India Tours & Travel, Inc. accounting use only :
Date: _____ Tour Voucher(s) /ticket number(s) _____
Invoice number: SI/AC authorization number(s) _____
(authorization received from bank)

***NO PRICE IS GURANTEED UNTIL TICKETED**
***RE-CONFIRM YOUR FLIGHTS AND SCHEDULE, DIRECTLY WITH AIRLINES**
***WE ARE NOT RESPONSIBLE FOR ANY LAST MINUTE ERROR NOTICES.**

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