

West University Travel
3622 University Blvd, Houston Texas 77005

FAX 713-665-8299

(713)665-4767

(800) 256-0640

Name: _____

Date: _____

Address: _____

City/State/Zip: _____

We realize that there are just those few times when you cannot be here personally for us to imprint your credit card for travel purchases. Would you kindly take a moment to sign this authorization and mail or fax it back to us.

I authorize that the deposit amount of \$ _____ And final amount of \$ _____ be charged to my credit card:

(Card Type)	(Number)	(Expire)	(Name on Card)
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			
(Signature of Card Holder)		(Date)	

The payment is for another person whose name is: _____

Representing a DEPOSIT or FULL PAYMENT or PARTIAL PAYMENT for:

Booking Number: _____ Agent: _____

Destination: _____

Day of departure: _____

Hotel or ship name: _____

Airline or supplier: _____

I have been offered Travel Insurance and I will not will be accepting. (Please check in applicable space).

Please sign and mail or FAX to West University Travel 713-665-8299

 **Please include a photo copy of front and back of credit card (enlarge and lighten)**

 **Please include a photo copy of drivers license (enlarge and lighten)**

Tickets will be released only after receipt of this form.