



**SOUTHERN TRAVEL  
INTERNATIONAL**

261 Westward Dr. Suite 109  
Miami Springs, FL 33166  
Ph:(305) 468 9989  
FAX: (305) 468 9911

RECORD LOCATOR: \_\_\_\_\_

**CREDIT CARD HOLDER'S AUTHORIZATION**

For Visa and MasterCard purchases, please include the **Vcode**, the **3 numbers after your account number**, which is found on the back of your card above your signature. Please fax legible copy of ID and Credit Card front and back.

I \_\_\_\_\_, hereby authorize  
NAME OF CARD HOLDER AS SHOWN ON CREDIT CARD

Southern Travel Int./Travelmax to charge my \_\_\_\_\_ number  
(TYPE OF CREDIT CARD)

\_\_\_\_\_ **VCODE** \_\_\_\_\_ **EXP** \_\_\_\_/\_\_\_\_  
(CREDIT CARD ACCOUNT NUMBER)

the amount of \_\_\_\_\_ for payment of TRAVEL/AIRLINE SERVICES.

By signing below, I acknowledge the charges described hereon. Payment in full to be made when billed or in extended payment in accordance with standard policy of Company issuing card.

**Billing Address:** \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

By signing below I am authorizing STI/TRAVELMAX to charge above-mentioned amount for payment of airlines fees and/or services.		<b>UNIVERSAL CREDIT CARD CHARGE FORM</b>			DATE AND PLACE OF ISSUE
<input checked="" type="checkbox"/>		CARRIER CODE	4. CONTRACTOR INVOICE COPY		IF EXTENDED PAYMENT APPLICABLE, CIRCLE NO. OF MONTHS <b>3 6 9 12</b> _____
		DATE OF ISSUE			
NAME OF PASSENGER IF OTHER THAN CARDHOLDER	OTATO NO.	CONNECTION OF PASSENGER WITH SUBSCRIBER		APPROVAL CODE	
COMPLETE ROUTING	FARE BASIS	CARRIER	AIRLINE	FORM	SERIAL NO.
TICKETS NOT TRANSFERABLE NO CASH REFUNDS		PLACE CREDIT CARD NUMBER			
CREDIT CARD NAME/CODE					
FARE	TOTAL	ROUTE CODE			
TAX					
EQUIV. AMT. PD.					