



CREDIT CARD CHARGE AUTHORIZATION

213 WEST 35th STREET, SUITE 1201A, NEW YORK, NY 10001
PHONE: 1(888)-512-3864 FAX: 1(212)-763-0521

TID # (ONLINE BOOKING #): _____

“PLEASE TYPE OR FILL ALL BLANKS, SIGN AND RETURN”

CHECK ONE: **Air** **Hotel** **Vacation** **Other** _____

ATTN GENESIZ AGENT: _____

IN LIEU OF MY CREDIT CARD IMPRINT, I _____
(PRINT FULL NAME AS ON CARD)

HEREBY **AUTHORIZE GENESIZ** OR IT'S AFFILIATE OR THE TRANSPORTING AIRLINE, TO CHARGE \$ _____
(AMOUNT)

on my CC# _____ CCV# _____
(CREDIT CARD NO.) (3 OR 4 DIGIT SECURITY NO.)

EXPIRATION DATE _____ FOR THE PAYMENT OF TRANSPORTATION OF MYSELF AND/OR

(PLEASE LIST EACH PARTY YOU AUTHORZE TO BE CHARGED TO YOUR CC# FOR THE FOLLOWING ITINERARY)

DATE OF DEPARTURE _____ DEPARTURE CITY _____

DATE OF RETURN _____ DESTINATION _____

MY BILLING ADDRESS IS _____
(IF TICKET ISSUED IS NOT AN E-TICKET, THE DOCUMENTS WILL BE MAILED TO THE ABOVE ADDRESS)

TELEPHONE: HOME: _____ OFFICE: _____

By signing below, I acknowledge charges described hereon, payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. I am also aware of all restrictive conditions on the ticket that I am purchasing; (Non Refundable, Non Changeable/ Changeable with a fee, etc.), and other airline conditions for which Genesis is

not responsible. I recognize that the above amount may be different from the amount that appears on my tickets . Please note that all taxes & service charges are included in the above amount. I have read and agree to the Genesis terms and conditions.

SIGNATURE OF CARDHOLDER X _____ DATE _____

In order to protect yourself and our company against the fraudulent use of Credit and Debit cards, please complete , sign, and return this form together with a photocopy of both the front and back of your credit card or debit card. The personal information supplied by you will be treated in the strictest confidence and will only be used for this transaction.

FOR OFFICE USE ONLY _____

INVOICE: _____ APPROVAL #: _____ BILLING: _____

FAX THIS FORM TO 1(212)-763-0521 OR TO _____

