



CREDIT CARD AUTHORIZATION FORM

CREDIT CARD HOLDER INFORMATION	
NAME ON CREDIT CARD	
TYPE OF CREDIT CARD	VISA MASTERCARD
TYPE OF ACCOUNT	PERSONAL BUSINESS
COMPANY NAME	
CREDIT CARD INFORMATION	
ACCOUNT NUMBER	
EXPIRATION DATE	
CVS (3 digit security code on back)	
BILLING ADDRESS	
CITY, STATE, ZIP CODE	
EMAIL ADDRESS	
PHONE	
TERMS OF CHARGES	
OPEN AMOUNT (For this and future payments)	Initials:
AUTHORIZED AMOUNT ONLY	\$ USD
AUTHORIZATION OF CARD USE	
<p>I certify that I am the authorized holder and signatory of the credit card reference above. The information above is complete and accurate to my knowledge. I hereby authorize collection of payment for all charges as indicated above and agree to the company and cancellations policies of Saba C-Transport, N.V.</p> <p><small>Cancellation Policy: Passengers must arrive 30 mins. prior to departure time to check-in and clear immigration. All tickets are nontransferable and nonrefundable. Ticket holders who give a 24 hour notice of cancellation, may use the ticket at another time, within one year. There is a \$10 date change fee for the reissue of tickets. Without 24 hours' notice of cancellation, or if you do not arrive 30 mins. prior to departure, the ticket cannot be changed and is nonrefundable. In the event of any disagreements with charges made, please contact Saba C-Transport, N.V. directly.</small></p>	
SIGNATURE/DATE	
X	