

INFORMATION AND TRAVEL RESOURCES, L.L.C.

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Please fax this form to: 281-351-0566
Attention: Debbie Hoffren

The following must be signed and completed by the person paying the credit card.

Your name _____
(as it appears on the credit card)

Address card is listed to _____

City _____ State _____ Zip _____

Phone: (Home) _____ (Work) _____

Address where you would like documents sent _____

_____ State _____ Zip _____

Travel insurance optional circle one yes or no

Credit Card Number _____ Security Code:

Type of credit card: Circle one~ Visa, Mastercard, Am. Express, Discover

Expiration date on credit card _____

Amount being authorized \$ _____

I hereby authorize Information and Travel Resources or their suppliers, to charge my credit card for any travel transaction requested by me, for the amount noted above. I state that I am the owner of the said credit card.

Signed X _____ Date _____

Travelers Names: (full legal names) As your name appears on drivers license or passports. No nicknames!
Airlines will charge a penalty if the names are incorrect and we have to change them.

PLEASE PRINT THE NAMES CLEARLY

Pass #1 _____ **DOB** _____

Pass#2 _____ **DOB** _____

Passport Numbers if available: _____
