



INFORMATION AND TRAVEL RESOURCES



Deborah K. Hoffren, Manager
25051 Northampton Forest Drive
Spring, TX 77389

Houston Phone: 281-351-9150 or 281-351-0429 Fax: 281-351-0566
Email: travelcenter@tropictravelonline.com or DebbieH103@aol.com
URL: <http://www.tropictravelonline.com>

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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 _____

City _____ State _____ Zip _____

Travel insurance optional circle one yes or no

Credit Card Number _____ Security Code _____

SSG Number (if known/applicable) _____

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 _____

All 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. If there are more passengers than lines on this form, please use separate page of paper to submit them.

PLEASE PRINT THE NAMES CLEARLY

Pass #1 _____ DOB _____

Pass #2 _____ DOB _____

Pass #3 _____ DOB _____

Pass #4 _____ DOB _____