

RUSSART

323 Geary Street, Ste.705, San Francisco, CA 94102
Phone (415)781-6655; email:russart@pacbell.net

CREDIT CARD HOLDER'S AUTHORIZATION

In lieu of my Credit Card, I _____
(Name of credit card holder as shown on credit card)

Hereby authorize Russart to charge on my account number:

-----/-----/-----
Credit card number (expiration date) (security code)

In the amount of \$----- for the payment of transportation

Mr/Mrs/Ms: -----
(Full names of all passengers)

By signing this authorization, I shall not decline, reject or challenge such amount charged on my credit card for the purpose of paying for air tickets/services for the passengers identified above. I also declare that I am aware that restrictions may apply to the tickets/services purchased and that I am satisfied that such restrictions have been explained to me. I do understand that Russart act only as agent for the operators of related services. Russart accepts no responsibility for any injury, damage, loss, accident, delays or any irregularity which may occur in connection with the performance of these services.

I, the cardholder, take full responsibility for the charges on my above account

Billing address

Address, if different from billing address above and (optional) e-mail address

Signature of Card Holder

Driver's License/I.D. number

Daytime telephone number

Cellular Telephone Number

IMPORTANT
PLEASE EMAIL THIS FORM ALONG WITH FRONT AND BACK COPY OF
YOUR CREDIT CARD AND PHOTO IDENTIFICATION. FILL IN DIFFERENT
FORMS FOR EACH DIFFERENT CREDIT CARD TO BE CHARGED
