1400 S HAYWORTH AVE SUITE 214
LOS ANGELES CA 90035
TEL: (323)936-1101 FAX: (323)936-2966
CST 2027461-40

Credit Card Authorization Form

Thank you for making your travel arrangements with Lion of Judah Travel, Inc. It is most important that you complete this form entirely and fax it to our office within 24 hours of your reservation. If it is not received within the 24-hour period the reservation will be cancelled and you will be notified via email.

Please fax this completed form and ADDITIONAL DOCUMENTS REQUIRED to: 1-323-936-2966 or 1-888-277-1799

1. Legible copy of the CREDIT CARD holder's DRIVER'S LICENSE or STATE I.D.
2. Legible copy of the FRONT and BACK of CREDIT CARD

Note: When copying the credit card and identification, they have a tendency to copy very black. Should this happen, you may find it necessary to enlarge the copy and lighten it until it is legible; generally 140-150% is sufficient. This information is required to verify account name, number and signature.

I, _____, hereby authorize Lion of Judah Travel, Inc.
(Name as it appears on Credit Card)
to charge against my credit card: for the travel/flight package indicated below.

Credit Card: [ ] American Express [ ] Visa/MasterCard [ ] Discover [ ] Diner's Club

Credit Card Number: _____

Expiration Date on the card: _____ CID: _____ Security code on back or front of your card

Card Holder Name: _____ Phone #: _____

Card Holder Billing Address: _____
Street Address Apt # City State Zip Code

For the following services provided by Lion of Judah Travel, Inc:

Passenger Name	Ticket Price	Passenger Name	Ticket Price
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Subtotal: U.S.$_____
4% Credit Card Service Fee: $_____

Total amount to be charged in U.S.$: _____

Lion of Judah Travel, Inc. recommends protecting your travel investment by purchasing Travel Insurance. (Please initial)
I **accept** trip cancellation insurance _____
I **decline** trip cancellation insurance _____

I, the undersigned, agree that the information contained herein is accurate. I further authorize LION OF JUDAH TRAVEL, INC. to charge the total amount noted above to my credit card on my behalf. I understand that the ticket(s) I am purchasing is/are restricted. I understand that any changes to the existing reservation will involve penalty charges.

Card Holder's Signature: _____ **Date signed:** _____
*Reservations will **NOT** be guaranteed until this completed authorization form and legible copy of the additional documents required has been received.*