



# LOWFAREINDIA.COM

A SUBSIDIARY OF LOWFARE LLC

7217 Hanover Parkway, Suites A & B, Greenbelt, MD 20770  
 Telephone: (301) 220 2141 • Fax: (301) 220 2150  
 info@lowfareindia.com • www.lowfareindia.com

## Credit Card Authorization Form

Kindly complete this form and fax it to **(301) 560 3499**

Passenger Name(s):					
Amount Authorized (\$):					
Cardholder Name:					
Billing Address:					
	City:		State:		Zip:
Type of Card:	VISA: <input type="checkbox"/>	MC: <input type="checkbox"/>	AMEX: <input type="checkbox"/>	DS: <input type="checkbox"/>	
Card Number:					
Expiration Date:		Card Verification #:			

### Please initial each box

- I understand that the passenger names entered on this form must match exactly the first and last names in each passport. Any discrepancy may result in cancellation, change fees, new and/or higher fares, or denial of services.
- I understand that it is my responsibility to check requirements and obtain the correct travel documentation ie. Passport, visas, transit visas, identification, etc. for the destination(s) to be visited.
- I understand that changes and refunds are subject to a \$25 service charge plus any applicable airline penalties.
- I understand that there are no refunds for partially used tickets or no shows.

I hereby authorize Lowfare LLC, LowfareIndia.com, World Travel Network, or its representatives, to charge my credit / debit card as above.

I hereby acknowledge charges described hereon, and payment in full to be made when billed, or in extended payments, in accordance with standard policy of the credit/debit card company issuing the credit/debit card mentioned above.

Signature of card holder: \_\_\_\_\_  
 Name of card holder: \_\_\_\_\_

**Note: Please provide the front and back copies of the credit/debit card and a copy of a government issued picture id of the card holder for proper identification. Failure to do so may result in non issuance of travel documents.**