Tel # (847) 265-5448 Fax (888) 371-7478

LETTER OF AUTHORIZATION TO CHARGE CREDIT CARD

This form needs to be printed, fille Without proper authorization and I authorize BALAJI TRAVEL NE	the return of this	form, the	tickets will not be issued.	
Credit Card Type (Please Circle):	Master Card	Visa	American Express	
	&			_
(Card Holder Name)		(0	Credit Card Number)	
(Exp. Date)				
I authorize the charge for the Tran (Full Names of passengers if other			r for the following passengers	
Name (Last and First)			Amount	_
Name (Last and First)			Amount	_
Name (Last and First)			Amount	_
Name (Last and First)			Amount	_
For the Itinerary as follows				
	ete routing only)			_
My billing address:		I	Phone:(Home)	_
			(0.00	
It is the sole responsibility of each his/her trip to the destination or tra			obtain any needed documentati	on/visa for
Besides Airlines Penalty, an agent changes.	service fee of 50	dollars w	vill apply per ticket for any canc	ellation or date
I have read and agree to all the abo	ove terms and con	nditions.		
70:	/			
(Signature of the Card Holder	Date			