## <u>United Tours & Travel</u> 37053 Cherry Street

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Fax # 510-794-4538

## To Whom It May Concern:

Please comple	ete all the blanks, s	sign and return.			
1,			_ , hereby declares that I		
am giving my	authorization to <b>U</b>	nited Tours & Trave	el to charge \$		
on my credit c	card No				
Exp. Date :	and 1	my Driving License	e No	-	
Exp. Date :	to I	buy an lines ticket			
Flight Inform	nation :				
Airline	Date	From	To		
Airline	Date	From	To		
Airline	Date	From	To		
Airline	Date	From	To		
Airline	Date	From	To		
_	Billing Address:				
Card Holder's	Signature :				
Card Holder's	Phone No. :				
	OSED PHOTOCOP <sup>N</sup> THIS AUTHORIZATIC		D (FRONT & BACK) ANI	d passport or drive	ers license of Card
If you have an	ny questions, pleas	e feel free to call	at above number.		