## **DANNY TRAVEL INC**

310 E 46<sup>Th</sup> Street, Suite 6W, New York, NY 10017 Phone (212) 557-1009 Fax (866) 267 7244 <u>info@dannytravel.com</u> www.dannytravel.com

## **Credit Card Authorization Form**

I, \_\_\_\_\_ having my billing address at

(Cardholder Name)

City \_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_Tel (home) \_\_\_\_\_

Tel (work)\_\_\_\_\_

Appoint the owner, manager or employee of Danny Travel to be my attorney in fact for the purpose of signing any document necessary to purchase and issue airline tickets or other travel services as described below:

And to charge this purchase on my Credit Card AX / VI / MC / DS Account No;

\_\_\_\_\_Exp \_\_\_\_\_for the amount of

Name of passenger(s):

1.\_\_\_\_\_\_ 3.

2.\_\_\_\_\_4.

I am aware that I am purchasing: (please circle one)

## A) Refundable ticket. \$300.00 cancellation fee applies.B) Non refundable ticket.

After departure ticket(s) is/are non-refundable, rebooking fee vary from airline to airline.

I agree that I will pay for all such purchases and will not hold Danny Travel Inc responsible for any of its actions pursuant to this credit card authorization.

Cardholder Signature	_Date
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Note:

Please fill in the blanks and fax it to 866 267 7244 along with the copy of your Credit Card (front and back) and the Driver License or passport of the Credit Card Holder.