

DREAMS TRAVEL AND TOURS INC

7001, Loisdale Rd,
Suite C, Springfield ,
VA-22150

TEL: 202 558 2929 / **FAX:** 1-888-846-6600

CREDIT CARD AUTHORIZATION FORM

Credit Card No : _____ Exp. Date: _____

Issuing Bank: _____ Tel No: _____

Security Code : _____ (You will find this at the back of your card)

Name of passenger(s) _____ (Date of Birth) _____

_____ (Date of Birth) _____

_____ (Date of Birth) _____

Authorized charge amount in US\$: _____ Confirmation Signature _____

PLEASE READ CAREFULLY

This is to confirm that, in keeping with all applicable laws, I, _____
(Name of credit card holder as shown on credit card) hereby authorized **DREAMS TRAVEL AND TOURS INC.**
to charge the above-mentioned amount on my credit card for the purpose of paying for their services for
the passengers identified above .The credit card holder stated, has authorized this transaction and card
holder will indemnify and hold **Dreams Travel & Tours Inc.** harmless with respect to these charges. It is
understood and accepted that to provide additional security information, Front and the back of the credit
card and the driver license.

Cancellation policy: Penalties and refunds may vary as per the services rendered.

I HEREBY PROMISE NOT TO DISPUTE OR CONTEST THESE CHARGES ONCE THE CREDIT IS APPROVED

X _____
(Credit Card holder's authorized Signature)

Credit Card Holder's Billing Address

Signed at (city) _____ Date _____

Home Phone _____

Work Phone _____ Fax: _____

Driver's License No. _____ Issued in _____

**PLEASE ATTACH PHOTOCOPY OF CREDIT CARD (front & back) AND A PHOTOCOPY OF DRIVER'S
LISCENCE. PHOTOCOPIES MUST BE VERY CLEAR FOR ACCEPTANCE. NO EXCEPTIONS.**

(The best way to do this is to make a light copy and enlarge the photocopy of the credit card)