

Thaifly Travel Co., Ltd.
639/18-19 Sukhumvit 101/1 Bangjak
Prakhanong Bangkok Thailand 10260
Tel. (662) 713-8992 Fax. (662) 713-8901 or (773) 326-0751

Credit Card Authorization Form

I, the credit card holder's name, _____ hereby authorize
"Thaifly Travel Co., Ltd"

to charge my credit card: _____ Bank: _____ No: _____
(Credit Card type) (Card issuer) (Credit Card No.)

Exp: ____/____ and 3 digits on the back of the credit card _____

or 4 digits _____ appearing in the credit card holder's name for American Express

in the amount of _____ for payment of the air ticket of the passenger(s) :

Airline :

Reservation code :

Traveler :

Departure flight :

Returning flight :

My Billing Address: _____ Phone: (H) _____
(Home Phone)

_____ Phone: (B) _____
(Credit Card Billing Address) (Office/Mobile Phone)

Email address: _____

Mileage Membership: _____ Number: _____
(Airlines) (Mileage No.)

Mailing ticket to: **** (if it's different from the Credit Card billing address) ****

Important :

For paying by credit card especially you are the CREDIT CARD'S HOLDER, please enclosed as well each copy as below :

1. If you (travel with other traveler(s)) are first time user of THAIFLY service

~front & back of the credit card

~driving license or ID card or passport front page

2. If you (NOT travel with other traveler(s)) are first time user of THAIFLY service

~front & back of the credit card

~driving license or ID card or passport front page

~the latest slip of the credit card billing statements

3.If you are THAIFLY regular customer using a different credit card

~front & back of the credit card

~driving license or ID card or passport front page

4.If you are THAIFLY regular customer using a SAME credit card as before

~Credit Card Authorization Form

5.If you are THAIFLY regular customer using a NEW credit card

~front & back of the credit card

~driving license or ID card or passport front page

~the latest slip of the credit card billing statements

By signing below, I acknowledge charges describe hereon. Payment in full to be made when billing or in extended payments in accordance with standard policy of company Issuing card.

X _____

(Signature of Card holder)

**** Incomplete information of false statement shall be considered sufficient cause for denial of ticket. Besides, we accept the signature only the handwriting.****