



CREDIT CARD CHARGE AUTHORIZATION FORM FOR FLIGHT RESERVATION

BOOKING REFERENCE NUMBER

TOTAL AMOUNT TO CHARGE

I..... hereby authorize Bestbuyflight and its partner(s), tickets issuer(s), supplier(s) and airlines to charge my credit/debit card given below for the payment of my flight reservation for the passenger(s) listed below and I shall not reserve the right to decline, reject, challenge or charge back for the paid amount. I understand that air tickets are non-refundable, non-transferable and non-endorsable and that the non-refundable travel agency service fee (TASF) is included in the total amount to be charged that may appear as a separate charge on my credit card statement. I further declare that I am aware of the penalties that will be applicable while cancelling or making changes to my ticket(s).

PASSENGER NAMES	ADULT	CHILD	INFANT	AMOUNT
1.				
2.				
3.				
4.				
5.				

CREDIT CARD TYPE: VISA MASTER AMEX DISCOVER OTHERS

CARD NUMBER:

EXPIRY DATE:

NAME ON CARD:

BILLING ADDRESS:

CITY: **STATE:** **ZIP**

(Note: - Billing address will be verified with your card issuing bank before issuing electronic ticket)

BILLING PHONE: **EMAIL ADDRESS:**

Card Holder's Signature: **Today's Date:**

Important Note: - Please send a clear colored scan copy of your driver license/passport and a copy of the credit card used for this payment along with this charge authorization form to the email address mentioned below. This is to authenticate the identity of the card holder.

Email: support@bestbuyflight.com **Fax:** 1-800-801-8215 **Phone Number:** 1-800-801-6855
www.bestbuyflight.com (Orbit Air Matrix LLC) **Address:** 11806 Kiggerjack Lane, Clarksburg, MD, 20871