333 North Michigan Avenue, Suite 1026
Chicago, IL 60601 USA
Phones: 800-554-6342 / 312-332-4722

Credit Card Billing Authorization Form

Please download this form, complete the form, type or print clearly,
attach photocopies of front and back of Credit Card, Drivers License and
fax to: 312.332.4732

In lieu of my Credit Card imprint, I _____hereby authorize / have

authorized Exotic Journeys / airlines to charge my credit card for the services ordered in the amount of

$ _____ Amount in words _____

Credit Card Information (circle one): American Express / Visa / Master Card / Discover

Credit Card Number: _____

Date of Expiry: _____ Security Number: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Fax (Home): _____

Phone Number (Cell): _____

e-mail: _____

Companion/s - Authorized by Card Holder: _____

By signing below, I agree to pay in full or in extended payments when billed in accordance with standards of issuing credit card bank / company. I acknowledge that I have read and understand the terms, conditions and cancellations charges of airlines, overseas operators and Exotic Journeys Inc. I understand that airlines, rail, event, monument entrance tickets and some tour arrangements are non-refundable under any circumstances and or have cancellation fees / charges. I agree that any refund claims and / or discrepancies, if any, on non delivered services will be settled directly with airlines, service providers, Exotic Journeys and that I waive and relinquish any and all rights to dispute the above charged amount with the credit card bank / company resulting in charge back. I have attached legible copies of my driver license / passport and credit cards as means of legal identifications.

Signature: _____ Date Signed: _____

(for office use - please DO NOT write below)

Signed Form Received on:_____ By_____ Date: _____

Approval Code: _____Date: _____Invoice No.: _____