



CREDIT CARD CHARGE AUTHORIZATION



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| To N° Fax Date | Gotolatin Travel S. A. (56-2) 7964621 | From Your Fax |
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I _____ HEREBY AUTHORIZE REPRESENTACIONES Y TURISMO EXPAN LTDA. TO ISSUE AIR TRANSPORTATION, HOTEL RESERVATIONS, CRUISES, LAND SERVICES AND / OR ANY OTHER SERVICE RELATED, AGAINST MY CREDIT CARD:

| | |
|---|------------------------|
| NAME _____ | EXPIRATION DATE _____ |
| NUMBER _____ | |
| FOR DE AMOUNT OF _____ | |
| PASSENGER (S) NAME _____ | |
| CREDIT CARD BILLING ADDRESS _____ | |
| PASSPORT N° _____ | |
| EMAIL _____ | RESERVATION CODE _____ |
| I declare that my Credit Card above indicated will be charged for the following services: | |
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I declare to know and accept the credit card charge amount stipulated in this document. I also agree that there will not be any dispute or charge back on my card when i get my monthly statement. By signing below, I certify that I am the authorized signer on the credit card account as specified above.

CREDIT CARD HOLDER SIGNATURE _____

A COPY OF ANY ID WITH PICTURE (DRIVER OR PASSPORT) AND A COPY BOTH SIDES OF YOUR CREDIT CARD, WILL BE REQUESTED IF THE TOTAL AMOUNT IS UP TO US\$ 1.500