



25701 IH-45 North, Suite # 3-A, Spring, TX 77380
Local (281) 363-0808 Fax (281) 363-0916

Charge Card Authorization

Forms must be signed and returned to confirm Booking

I _____ authorize Fox Travel to charge:
(print your name)

\$ _____ TOTAL AMOUNT
\$ _____ DEPOSIT (IF APPLICABLE)
\$ _____ AIRFARE
\$ _____ INSURANCE (Optional – See attached)

BALANCE OF \$ _____ WILL BE AUTOMATICALLY CHARGED _____
(Unless otherwise notified)

TO: Charge Card # _____ Security Code _____ exp _____ /20 _____

On behalf of Passenger(s): _____
Legal Names of all passengers

**** USE LEGAL NAMES AS THEY APPEAR ON PROOF OF CITIZENSHIP ****
NAME CHANGE WILL RESULT IN A PENALTY

For a trip to: _____ on the dates of: _____ to _____ 200___.
Name of Country

HOTEL: _____ **ROOM TYPE:** _____ **# NIGHTS:** _____

Portions of this package may not be or are not refundable.
Cancellation penalties apply from both supplier and Fox Travel.
Agency cancellation fee \$50/per person

Card Holder's Signature Date

Name

Your Charge Card Billing Address:

City State Zip

Phone (Business) Phone (Home)

Fax Email

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