



Laos Paradise Travel
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Tel: 1.888.777.6550 - Fax: 1.888.998.5267
www.laosparadisetravel.com

Credit Card Holder's Authorization Form

In lieu of my credit card imprint; I, _____
(Name of Cardholder's as shown on Credit card)

Hereby authorize Lao Paradise Travel, acting on behalf of _____
(Name of card holder)

(Card number) (Type of card) (Expiration MM/YY)

Full name of Travelers	Amount per traveler
Traveler 1:	
Traveler 2:	
Traveler 3:	
Traveler 4:	
Traveler 5:	
(This form is good for 1 signature and a maximum of 5 travelers)	TOTAL:

- Airfares, Tours, Cruises, Hotels.
- Visa, Passport services.

My Billing Address: _____

My Mailing address (if different from billing): _____

Phone: _____ Fax : _____ Email: _____

By signing below, I acknowledge charges described herein. Should any default of payment dispute arise, Card holder will pay for the purchase and settle the payment directly to Laos Paradise Travel. In case of any legal suit, the above card holder will also be responsible for any legal fees incurred. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. I also acknowledge that there will be service fees in addition to the airline / hotel penalty if return the tickets/hotel or changes as well as visa/passport service fees are non-refundable. In case the mistake in made on our part such as the traveler name is misspelling, wrong itinerary, please notify us within 12 HOURS after receipt of your necessary corrections to be made.

(Card holder's signature) (Please print card holder's name) Date

PLEASE FAX IT BACK TO: 1.888.998.5267 OR SCAN AND EMAIL: info@laosparadisetravel.com