

# Horizon International Travel & Service Inc

## 完美假期

179 Canal Street #3A, New York , NY 10013  
Phone:212-680-0106 Fax:212-680-0159

### Credit Card and Debit Card Authorization Form

I hereby authorize Horizon International Travel Inc. to charge my credit card:

Type (select one):  Visa  Master  Discover  America Express

Credit Card Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Expiration Date: \_ \_ / \_ \_

Cardholder Name (Please Print): \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone# (Home): \_\_\_\_\_ Phone# (Work): \_\_\_\_\_

In the amount of USD \$: \_\_\_\_\_ as the payment for air/land  
arrangement for myself and/or: (print full name below if other than credit cardholder)

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

For the following itinerary: \_\_\_\_\_  
\_\_\_\_\_

I fully acknowledge Horizon International Travel's general conditions and terms, and agree to accept all of them on behalf of myself and persons I paid for.

I also acknowledge that there will be a \$50 Service Fee per ticket in addition to the airline penalty if I return the ticket(s) for refund or cancellation.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date of Signature

**!! Identification is required. Please provide Photocopies of your credit card and picture ID of cardholder.**

We appreciate your cooperation, thank you for your business

