

Non-Stop Travel Hawaii Credit Card Authorization Form

Date: _____

To: _____

Attn: _____

From: _____

Facsimile: _____

RE: _____

I, _____, authorize Non-Stop Travel, located at 1350
(Name as it appears on credit card)
South King Street, suite 101, Honolulu, HI 96814, to charge to my credit card
(Discover, VISA, MasterCard, AMEX) Account Number: _____
with expiration date of _____ in the amount of \$ _____
for travel arrangements for: (List all Passengers)

1. _____ TRAVEL DATES _____

2. _____ TRAVEL DA TES _____

3. _____ TRAVEL DA TES _____

4. _____ TRAVEL DA TES _____

Attached are a copy of my photo identification and a copy of the front and back of my credit card for your files.

I UNDERSTAND THAT THESE TICKETS ARE SUBJECT TO RESTRICTIONS;
NON-REFUNDABLE - NON-CHANGEABLE - SUBJECT TO CHANGE FEES:

CARD HOLDER'S SIGNATURE

DATE

Billing Address: _____

Telephone: () _____

- I authorize _____ to pick up tickets at your office.
- Please add \$5.00 to the total charge. I would like tickets mailed to me at the above address via certified mail: _____ YES _____ NO

**Non-Stop Travel Hawaii • 1350 South King St., Suite 320; Honolulu, HI 96814
Ph: (808) 593-0700 • Fax: (808) 441-2404 • TOLL FREE: 1-800-551-1226**