

Date \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

Please complete this form &amp; fax to Premier Gateway at 503-294-2199

I authorize travel agency \_\_\_\_\_ and Premier Gateway or its affiliates to charge my credit card in the amount of \$ \_\_\_\_\_, and agree to pay my credit card company for this charge. I understand that the amount may show on my credit card statement as two separate charges. This signature is only valid for the payment amount authorized above.

Passenger names: \_\_\_\_\_  
 \_\_\_\_\_

PNR Locator \_\_\_\_\_  VI  MC  DS  AX

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name \_\_\_\_\_ ARC \_\_\_\_\_ Agent Name \_\_\_\_\_

**NET FARE PAYMENT BREAKDOWN**

Please Include a Copy of Your Itinerary with Your Fax

	Adult	Child	Infant	
Net Ticket Price	\$	\$	\$	
Tax/Fuel Amount	\$	\$	\$	
Agency Markup (Commission)	\$	\$	\$	
Credit Card Transaction Fee*	\$	\$	\$	
<b>Per Person Total</b>	\$	\$	\$	
Number of Passengers	x _____	x _____	x _____	<b>Grand Total</b>
<b>Total per Adults/Children/Infants</b>	\$	\$	\$	\$

\* The agency markup may be subject to an airline-imposed commission cap. If you choose to exceed this commission cap, we can process this charge through our credit card merchant account, allowing you to charge your client more. A 4% processing fee will apply. If you have questions or want to utilize a TASF form in addition to or instead of using our merchant account, please ask a reservations agent for details.

Comments: \_\_\_\_\_

\_\_\_\_\_

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