



Please Fax to: (407) 233-1203

**CREDIT CARD HOLDER'S AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize Costa Brazil Tours  
(Name of cardholder as shown on credit card)

to charge my \_\_\_\_\_ number \_\_\_\_\_ # \_\_\_\_\_  
(Type of Credit card) (Credit card account number) (exp.date)

the amount of USD \_\_\_\_\_ for payment of Airline Tickets and Agency fee.

Passenger (s) 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

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

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

Phone Numbers: \_\_\_\_\_  
E-Mail \_\_\_\_\_

\*\*\*\*\* By signing UCC charge form below, I acknowledge the charges described hereon.  
Payment in full to be made when billed or in extends payment in accordance with  
standard policy of Company issuing card.  
I understand that with the exception of our cancelation polices, all sales are final.



**\* Please fax this form back, including copy of Credit Card mentioned above, as well as Photo ID (valid passport or driver license).**

**\* Favor anexar cópia frente e verso da identidade e do cartão de crédito.**



I ACKNOWLEDGE RECEIPT OF THIS TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AND AS REFLECTED IN APPLICABLE TARIFFS.		<b>UNIVERSAL CREDIT CARD CHARGE FORM</b>		DATE AND PLACE OF ISSUE
<input checked="" type="checkbox"/>		CARRIER CODE	4. CONTRACTOR INVOICE COPY	
		DATE OF ISSUE	IF EXTENDED PAYMENT APPLICABLE, CIRCLE NO. OF MONTHS <b>3 6 9 12</b> _____	
NAME OF PASSENGER IF OTHER THAN CARDHOLDER	OTATO NO.	CONNECTION OF PASSENGER WITH SUBSCRIBER		APPROVAL CODE
COMPLETE ROUTING	FARE BASIS	CARRIER	AIRLINE FORM	SERIAL NO.
-----		TICKETS NOT TRANSFERABLE NO CASH REFUNDS		
-----		CREDIT CARD NAME/CODE		
FARE	TOTAL	ROUTE CODE		
TAX				
EQUIV. AMT. PD.				