



39825 Paseo Padre Pkwy,
Suite C, Fremont, CA 94538
Phone: 510 870 1566.
Fax: 408 608 3999.

Credit card Authorization Form.

I _____ hereby authorize **Let Us Book LLC** to charge my Credit Card for travel purposes.

PASSENGER NAME: _____

NUMBER OF PASSENGERS: _____

Reservation No: _____ Date of Travel: _____

Card Holder Type: VI MC AX DC DS

Credit Card # _____ Exp. Date: ____/____

Charge Amount 1) \$ _____ 2) \$ _____

Per passenger

3) \$ _____ 4) \$ _____

TOTAL AMOUNT TO BE CHARGE TO CREDIT CARD: \$ _____

Card Holder Name: _____

Card Holder Tel# _____

Billing address: _____

Issuing Bank name: _____

Bank Customer Service Tel# (_____) _____

V-code on back of Card: _____ (V-code on back of card)

I understand the Refund/Cancellation Penalties that have explained to me relating type of purchase.

Please fax this form to (408) 608 3999 or Email at vidhi@letusbook.com with the FRONT AND BACK of your Credit Card AND A VALID PICTURE ID.

Signature of Cardholder: _____