Travel Mex • 10536 SW 8 Street • Miami, Fl. 33174 • 305 225-0110 • Fax 305 225-0684
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In lieu of my credit card, I _____
Credit Card Holder Name

Hereby authorize TRAVEL MEX CORP to charge my credit card

_____
Credit Card Name Credit Card Number Expiration Date

For the amount of $_____for payment on travel for myself and / or

_____
Name of Passengers

For itinerary as follows _____

My billing address is_____

Home Phone _____Business Phone _____Cell_____

By signing below, I acknowledge the full charges described herein. Payment in full to be made when billing, or in extended payments, in accordance with standard policy of the credit card company. I understand that my signature on this contract will serve as my authorized signature on the Credit Charge slip. This total includes selected items, taxes, and service fees. Unless specified otherwise, rates are quoted in USD. The total cost of your trip may be listed as separate charges on your credit card statement. All Travel MEX Corp. fees are nonrefundable. I hereby agree to pay for the service received by credit card. I understand that Travel Mex Corp. accepts credit card payment only as a courtesy and convenience to me, therefore I agree not to cancel charges (charges back) on this credit card or violate any of the terms of this agreement.

_____
Cardholder Signature Exp. Date

IMPORTANT: Please send via FAX (305) 225-0684 OR EMAIL
Please provide legible photocopy for Credit Card (Front and Back),
Plus Picture Identification (I.D.) showing signature.