

**C.N. Travel**  
18102 Pioneer Blvd. #103  
Artesia, CA 90701

**Credit Card Letter of Responsibility**

This form must be filled out completely before tickets can be issued.

**To: C.N. Travel**

**Fax: (562) 865-8974**

**From: Mr. / Ms./ Travel Agent:** \_\_\_\_\_

Dear Sir/Madam:

This is to confirm that in keeping with all applicable laws. I / We are instructing C.N. Travel to issue the following tickets against credit card listed below. It is expressly understood that this amount charged does not include or constitute any additional fees related to our acceptance of credit card as a form of payment, unless permitted by law. I / We further represent the credit card holder stated below who has authorized this transaction and that we will indemnify and hold C.N. Travel NOT responsible with respect to these instructions.

Passenger: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Booking Locator: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Tel: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Charge Amount: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Total Amount to be charged: \_\_\_\_\_

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

Issuing Bank: \_\_\_\_\_

Bank Customer Service No. \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

**IMPORTANT:** The Card Holder / Travel Agency is responsible for any charge back to C.N. Travel or penalties arising from any unutilized tickets or tickets submitted for refund in connection with this transaction:

**Please fax copy of credit card and driver's license along with this form duly filled up.**

