

S u k h a m I n c

4416 Macnish St. ,Suite#3E,Elmhurst,NY-11373

AUTHORIZATION FOR CREDIT CARD USE

Credit Card # _____ Expiration Date _____

Issuing Bank _____ and Telephone # _____

Name as Appears on Credit Card _____

Billing Address _____

Phone: (Home) _____ (Work) _____

Name of Passenger(s): _____

Authorized Amount Charge in USD _____ Confirmation Signature _____

PLEASE READ CAREFULLY

I give full authorization to Sukham Inc. and /or Airline to above mention charge on my Credit card as identified and shall not decline, reject or challenge such amount charge on my credit card For the purpose of paying for airline tickets for the passengers identified above.

I also declared that I am aware that restrictions may apply to the tickets purchased by this transaction and That I am satisfied that such restrictions have been explained to me.

Cardholder's Name (Please Print) _____

Cardholder's signature: _____ Date: _____

PLEASE ATTACH THE PHOTOCOPY OF CREDIT CARD (front and back) AND COPY OF DRIVER'S LICENSE OR PASSPORT (SIGNATURE MUST MATCH).

PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE.NO EXCEPTIONS.

PLEASE FAX TO: 212-591-6250