

213 WEST 35th STREET, SUITE 1201, NEW YORK, NY 10001 PHONE: 1(888)-808-4123 FAX: 1(212) 763-0525

TID # (ONLINE I	BOOKING	#):						
CHECK ONE:	Air	Hotel	Vacation	Other		_		
ATTN FARE BU	ZZ AGEN	T:	PLEAS	SE TYPE OR FI	LL ALL BLANKS,SIG	SN AND RETURN		
IN LIEU OF MY			(PRINT	FULL NAME AS (
HEREBY AUTH	ORIZE FA	RE BUZ	Z OR IT'S AFF	FILIATE OR THE	E TRANSPORTING A	IRLINE, TO CHARG	E \$	
HEREBY AUTHORIZE FARE BUZZ OR IT'S AFFILIATE OR TH on my CC#					CCV#		(AMOUNT)	
·	(CRE	DIT CARD	NO.)			(3 OR 4 DIGIT	SECURITY NO.)	
EXPIRATION D	ATE				FOR THE PAYMENT	OF TRANSPORTA	TION OF MYSELF AND/OR	
(PLEASE LIST EA	CH PARTY	YOU AU	THORZE TO BE	CHARGED TO Y	OUR CC# FOR THE FO	OLLOWING ITINERAR	Y)	
DATE OF DEPARTURE					DEPARTURE CI	_ DEPARTURE CITY		
					DESTINATION	DESTINATION		
		6						
		(IF TICKE	ET ISSUED IS N	IOT AN E-TICKET	, THE DOCUMENTS W	ILL BE MAILED TO TH	E ABOVE ADDRESS)	
TELEPHONE: HOME:					OFFICE:	OFFICE:		
By signing below, I acknowledge charges described hereon, payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. I am also aware of all restrictive conditions on the ticket that I am purchasing; (Non Refundable, Non Changeable/ Changeable with a fee, etc.), and other airline conditions for which Fare Buzz is					different from th note that all taxe amount. I have	not responsible. I recognize that the above amount may be different from the amount that appears on my tickets . Please note that all taxes & service charges are included in the above amount. I have read and agree to the Fare Buzz terms and conditions.		
SIGNATURE OF CARDHOLDER X						DATE		
and return this	form toge	ther witl	n a photocopy	y of both the fr		r credit card or deb	lease complete , sign, it card. The personal transaction.	
FOR OFFICE US	SE ONLY							
INVOICE:			APPR	OVAL #:		BILLING:		
FAX T	HIS FO	RM TO	1(212) 76	3-0525 OR	то			











