



LASER Airlines

CREDIT CARD AUTHORIZATION FORM

I hereby authorize Laser Airlines, (Laser C.A.), to apply the following charge/ amount to the credit card:

VISA

MASTERCARD

Card Number:

Expiration Date:
(mm/yy)

Bank Name:

Cardholder Name:
(As shown on card)

Cardholder Passport and ID Number:

Billing Address:

Cardholder Phone Number:

Cardholder E-mail:

Amount Authorized:

Booking Reference:

Passenger (s) Information:

*****Please send us this document dully completed and signed in Blue ink**

*****Please attach a copy of the following documents to the following e-mail address:**

internacional@laserairlines.com

*Cardholder Passport or ID

*Credit Card

*Passenger (s) Passport (s)

Signature Cardholder

Current Date