



**AUTHORIZATION TO CHARGE CREDIT CARD FOR A RETURN FLIGHT DEVIATION REQUEST  
DEVIATIONS ARE NOT GUARANTEED SINCE NOT ALL AIRLINES ALLOW THIS  
YOU WILL BE NOTIFIED WITHIN 48 HOURS IF CONFIRMED**

To process this transaction, all of the following information is required:

Traveler ID #: \_\_\_\_\_ Group Name: \_\_\_\_\_

Traveler's Name: \_\_\_\_\_ Traveler's Cell No: \_\_\_\_\_

\* PLEASE ADVISE WHAT DATE YOU WISH TO RETURN AND ABOUT WHAT TIME:

\_\_\_\_\_

The following credit card information is required indicating up to how much you are willing to pay to request a date change on the return flight. Payment is required before the airline can be contacted, since they require payment at the time of request. Keep in mind the traveler must also pay out of pocket for transportation to the airport, since the return transfer will not be included.

CARDHOLDER'S NAME: \_\_\_\_\_

CARDHOLDER'S BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CARDHOLDER'S PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

TYPE OF CREDIT CARD: VISA    MASTERCARD    DISCOVER CARD    AMEX

CREDIT CARD #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXP DATE: \_\_\_\_ / \_\_\_\_    **MAXIMUM AMOUNT AUTHORIZED:** \$ \_\_\_\_\_ . \_\_\_\_\_

CVV2# (3 OR 4 DIGIT NUMBER ON BACK OR FRONT OF CARD): \_\_\_\_\_

**\* AGREEMENT**

The cardholder agrees by their signature below that ISTours is authorized to charge the amount indicated above to the cardholder's credit card identified above. There will be a \$10.00 service charge added to traveler's account for each declined transaction. The cardholder waives all rights to charge back on the indicated credit card. A transaction fee may apply credit card not previously used.

**PLEASE E-MAIL THIS FORM TO: [ist\\_info@istours.com](mailto:ist_info@istours.com)**

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date