

FLIGHT DEVIATION REQUEST & CREDIT CARD AUTHORIZATION FORM

Traveler & Request Information

FLIGHT DEVIATION REQUESTS FOR A RETURN FLIGHT ARE NOT GUARANTEED SINCE NOT ALL AIRLINES ALLOW THIS. TO PROCESS THIS

TRANSACTION. ALL OF THE FOLLOWING INFORMATION IS REQUIRED.

	TRANSAC	TION, ALL OF <u>THE</u>	FOLLOWING I	NFORMA	TION IS REQUIRED.		
Traveler ID Number:	: Group Name:						
Traveler's Name:							
	ADVISE <u>v</u>	VHAT DATE & AB	OUT <u>WHAT TII</u>	ME YOU	WISH TO RETURN *		
				□ AM			AM
Date:	Date: Time (1st Choice):			_ DP	PM Time (2 nd Choice):		D PM
Card Holder's Infor	mation						
IMPORTANT NOTE: To reques willing to pay up to for the charles note, the traveler will a will not be included.	nge. Payment mu :	st be submitted b	efore we can d	ontact t	he airline, as it is red	quired at the time o	f the request.
Cardholder's N	ame:						
Cardholder's Billing Add	lress:						
City: _					State:	Zip Code	e:
Cardholder's Phone #:			Cardholder's	Email: _			
Card Type:	□ Visa [⊐ мс			Exp. Date:	CVV	#:
Credit Card #:							
MAXIMUM AMOUNT AU	THORIZED: \$						
*AGREEMENT							
The cardholder agrees by their identified above. There will be charge back on the indicated of	a \$10.00 service c	harge added to tr					
Cardholder's Signat	ure						
X:					Date:		

Submission Information

Please return this completed form by email (only) to ISTours at: <u>info@istours.com</u>. Once received by our office, our Air Department will review your flight request and check availability. Our office will notify you within 48-business hours if your request is confirmed.