Credit Card Type (Please Circle)

Visa **Mastercard** **American Express**

Name of Credit Card Holder

First Name:

Last Name:

Credit Card Number:

Expiration Date:

Amount Charged (USD): Dollars Cents

Please note that a 4% credit card processing fee will be added.

I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)

Signature_____ Date:_____
Month/Day/Year

JAM Air Express
Credit Card Authorization

The following ***must be included*** to process your credit card:

- Copy of both sides of credit card being processed.
- **YOUR RESERVATION #:**
- **FAX #:**
- **EMAIL ADDRESS: reservation@flyjamair.com**
- Copy of valid I.D, for example: passport, social security, driver's license