

PERSONAL INFORMATION

HOME ADDRESS _____ CITY _____ STATE ZIP _____

FOR PERSONAL TRAVEL, PLEASE USE THE FOLLOWING CREDIT CARD

CREDIT CARD # _____ EXP MONTH YEAR

CID # (3 or 4 DIGITS) _____

AUTHORIZATION

The undersigned traveler and the Company hereby authorize EMPIRE TRAVEL to charge to the Card Account (through signature on file) as indicated on this form, and business travel transactions requested by the undersigned traveler or his authorized agent via telephone or letter while the account is in effect. The individual traveler hereby authorizes EMPIRE TRAVEL to charge to his/her Card Account (through signature on file) as indicated on this form, any personal transactions requested by him/.her or his/her authorized agent via telephone or letter.

SIGNATURE OF TRAVELER

DATE

SIGNATURE OF AUTHORIZED AGENT (Ex. Secretary)

DATE

SIGNATURE OF AUTHORIZING OFFICER

DATE

PLEASE SUBMIT BY EITHER FAX OR EMAIL. WHEN SUBMITTING BY FAX, PLEASE SIGN ABOVE AND RETURN THIS FORM TO (518) 869-1209. WHEN SUBMITTING BY EMAIL, CLICKING THE "SUBMIT BY EMAIL" BUTTON CONSTITUTES YOUR SIGNATURE AND ACCEPTANCE OF THE AUTHORIZATION RULES ABOVE. PLEASE EMAIL TO greg@empiretravel.com