# GWT-WDIA & ISSUING AIRLINE CREDIT CARD AUTHORIZATION FORM 502 N. 3rd STREET, ROGERS, AR 72756 PHONE 479-621-5900

\*In lieu of Cardholder credit card imprint, Cardholder(s) hereby authorize “GWT-WDIA” or the ISSUING AIRLINE to charge credit card(s) in the amount indicated below. I further understand this charge will appear as “WDIA TRAVEL” or the ISSUING AIRLINE on credit card statement.

The Agent/Owner is authorizing and instructing GWT-WDIA to provide airline tickets issued by our Vendor Partners. Agent/Owner has confirmed, or shall confirm, prior to the submittal of the debit/credit card information to GWT-WDIA, that the named credit card holder has authorized the transaction. Agent/Owner is fully responsible to pay all amounts due to GWT-WDIA, even if the debit/credit card holder or the debit/credit card issuer of the account provided rejects the debit/credit card charge for any reason whatsoever.

Collection of all amounts due is solely the Agent/Owner's responsibility and Agent/Owner assumes all risk of loss by reason of any unauthorized, fraudulent or otherwise disputed charges (L.I.R.A on file).

This Signed authorization form gives permission to “WDIA TRAVEL” to charge the credit card(s) listed below.

If necessary GWT-WDIA has Cardholder(s) permission to allow this charge to be processed by a vendor & or airline that works in conjunction with GWT-WDIA or any of its agency affiliates.

Both the traveling passenger(s) and the cardholder (if different from the traveling passenger(s)) understand, acknowledge and agree to the following statements.

This charge is for payment of travel related services, which are willingly received and agreed to in emails and invoices through your travel agency.

Furthermore, all of the terms, conditions and penalties of this travel service as noted on the GWT Quote & Authorization to Issue Form supplied to your travel agent are understood and agreed upon. Completing and signing this authorization form acknowledges he/she can't dispute the charges at any time.

## Passport TSA "Exact" (International Flights) \*\* Driver's License "Exact" (USA, Domestic)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mr. Mrs. Ms.** | **First** | **Middle** | **Last (Include Sr. Jr. II, etc)** | **Date of Birth** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

ITINERARY APPROVED FOR TICKETING:

# PAGE 1 OF 2

## Please fill-in all of the information listed below \*\* Fill out one SECTION per credit card \*\* Credit Card Fees NONREFUNDABLE

**I acknowledge both of the following are attached: Scan/Email or Take picture with Cell phone (email/text) to GWT**

1. **My state-issued Passport (Int'l Trip) or Driver's license (domestic USA trip).**
2. **Copy of front and back of credit card being used to pay for ticket(s).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CREDIT CARD#1** |  | **CVC CODE:** |  | **EXP DATE** |  |

|  |  |
| --- | --- |
| **FULL NAME (as it appears on the card)** |  |
| **Credit Card Statement Address** |  |
| **Cardholder Phone Number** |  |

|  |  |
| --- | --- |
| **AMOUNT CHARGE BY AIRLINE** |  |
| **AMOUNT CHARGED BY WDIA TRAVEL** |  |
| **TOTAL CHARGED PER PERSON** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **REAL SIGNATURE OF CARDHOLDER** |  | DATE |  |
| **REAL SIGNATURE OF AGENT** |  | DATE |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CREDIT CARD#2** |  | **CVC CODE:** |  | **EXP DATE** |  |

|  |  |
| --- | --- |
| **FULL NAME (as it appears on the card)** |  |
| **Credit Card Statement Address** |  |
| **Cardholder Phone Number** |  |

|  |  |
| --- | --- |
| **AMOUNT CHARGE BY AIRLINE** |  |
| **AMOUNT CHARGED BY WDIA TRAVEL** |  |
| **TOTAL CHARGED PER PERSON** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **REAL SIGNATURE OF CARDHOLDER** |  | DATE |  |
| **REAL SIGNATURE OF AGENT** |  | DATE |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CREDIT CARD#3** |  | **CVC CODE:** |  | **EXP DATE** |  |

|  |  |
| --- | --- |
| **FULL NAME (as it appears on the card)** |  |
| **Credit Card Statement Address** |  |
| **Cardholder Phone Number** |  |

|  |  |
| --- | --- |
| **AMOUNT CHARGE BY AIRLINE** |  |
| **AMOUNT CHARGED BY WDIA TRAVEL** |  |
| **TOTAL CHARGED PER PERSON** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **REAL SIGNATURE OF CARDHOLDER** |  | DATE |  |
| **REAL SIGNATURE OF AGENT** |  | DATE |  |

|  |  |  |
| --- | --- | --- |
| **Email to** | [**GWT@GWTDTI.COM**](mailto:GWT@GWTDTI.COM) | [**sales@airlinecommissions.com**](mailto:sales@airlinecommissions.com) |

**Form updated Dec-16 2019 PAGE 2 OF 2**