

**AAA Net Fare Credit Card Worksheet & Authorization Form**



**Ensure names and dates are correct PRIOR to faxing this form.  
All changes MUST be called in to ABP at 800-707-9869.  
Penalties will apply once payment has been posted.**



**Please fill out this form in its entirety.**  
Both the worksheet to the right and the authorization form below must be completed in full before tickets can be issued.  
The cardholder's signature is required on this form. "Signature on File" is not acceptable. A signature must be obtained from the authorized signer for all third party cards. The billing address for the card must be complete and is required for all credit card transactions.  
Air by Pleasant will obtain the approval and will appear on the card holders statement.  
Debit cards are not accepted.

**Tickets will be issued within 3 business days of posting payment. Payments received after 2 p.m. Pacific time will be posted the following business day.**

**Fax completed form to:  
619-521-2764**

<b>Record Locator</b>	
<b>Net Fare</b> <small>(P/Person)</small>	
<b>Q Charge</b> + <small>(P/Person)</small>	
<b>Agent Markup</b> + <small>(P/Person)</small>	
<b>Late Booking Fee</b> + <small>(P/Person)</small>	
<b>Tax</b> + <small>(P/Person)</small>	
<b>Total</b> <small>(P/Person)</small>	

<b>Number of Passengers</b>	X <input type="text"/>
<b>Total for all Passengers</b>	\$ <input type="text"/>
<b>Handling Fee</b> <small>(Choose One)</small>	\$10 <small>(Standard)</small> or \$25 <small>(Overnight)</small>
<b>Total Charge to Card</b>	\$ <input type="text"/>

ARC Number: \_\_\_\_\_ Agent Name: \_\_\_\_\_ Agent Contact Phone: \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Agency Address: \_\_\_\_\_



**Credit Card Authorization Form**

Number of Passengers: \_\_\_\_\_ List all Passengers: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Total Charge to Card: \$ \_\_\_\_\_  
Air by Pleasant may be listed as merchant on your statement.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Credit Card Number				MC VI	Security Code				Expiration Date							
				AX DS												

\_\_\_\_\_  
\_\_\_\_\_  
Billing Address & Phone Number

\_\_\_\_\_  
Card Holder's Name

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Today's Date