



WHOLESALE FARES, INC

Buy directly from the source

Toll Free 877-253-3800 Fax 415-704-3135 or 415-409-0710

TICKET(S) RELEASE FORM

Attn:

Confirmation # _____

In lieu of my credit card imprint, I _____
(Name of Cardholder as shown on credit card)

Hereby authorize ___Wholesale Fares Inc. or Issuing Carrier_____

To charge my _____ / ____ / 20____
(Credit card type) (Credit card number) (Expiration date)

In the amount of \$_____per Passenger(s)_____ For payment of the Airfare

Passenger Name(s)_____

My Billing address _____ Phone _____

Shipping Address _____

PLEASE READ CAREFULLY

By signing below, I acknowledge charges described heron, either by Wholesale Fares Inc. or issuing carrier. Payment in full will be processed at time of ticket(s) issuing. Once confirmed and ticketed, all tickets are:

NON-REFUNDABLE and NOT-CHANGEABLE

It is necessary to re-confirm flights 72 hours prior to departure directly with the airlines. In the event of non-reconfirmation, or Visa/Passport issues, "Wholesale Fares" shall not be responsible for denied boarding.

Once confirmed and copy of Itinerary is received, please review your travel information for accuracy on items such as:

1. Correct Spelling of the name(s)
2. Destination, Flight time and Airline
3. Total Fare Paid

If there are any discrepancies at all, YOU MUST CONTACT OUR OFFICE WITHIN 24 HOURS OF RECEIVING YOUR CONFIRMATION. If "Wholesale Fares" does not receive a written notice of a discrepancy within 24 hours, it acknowledges that the travel information/documents received has been reviewed and as accurate as received. NO CHANGES WILL BE MADE AFTER THIS GRACE PERIOD (discrepancies only).

In the event of cancellation no monetary refunds are given, credit with Airline through Wholesale Fares Inc. only (change or cancellation penalties will apply)

This form authorizes Wholesale Fares Inc. to ship any travel documents to you to the provided shipping address. In the event of a request for Regular Mail Shipping, Wholesale Fares Inc., does not assume any responsibility for the documents sent via Regular Mail.

I shall under no condition decline; reject or challenge the amount charged on my credit card.

The signer understands all the stipulations, rules and conditions pertaining to the purchased tickets.

-----SHIPPING TYPE----- (Please check one)-----

- Opt. #1. E-Ticket/Paper tickets via Regular U.S. MAIL ***(\$7.95 Shipping & Handling)***
- Opt. #2 Insured FedEx/Express Mail Delivery *** (\$29.95 Shipping & Handling)***
- Opt. #3 Insured FedEx before 8:30 AM(selected destinations) ***(\$49.95 Shipping & Handling)***

If no option is selected, credit card will be processed at the cost of "Opt. #3"

*** IMPORTANT*** Wholesale Fares Inc. will not accept any responsibility for the tickets delayed or lost by Regular U.S. Mail***

Authorized Credit Card Holder's Signature: _____
(Please sign here)

Please fax or e-mail this form back to the ticketing office (415) 704-3135