

CREDIT CARD AUTHORIZATION

Scan typed and signed form back to
CustomerService@Spotnana.com

All required information (labeled in
red) must be filled before applica-
tion is processed.

I verify that the information provided is accu-
rate and in lieu of my credit card imprint. I
hereby authorize Spotnana to charge my
credit card in the amount necessary for airline
tickets I purchase from them. I do understand
and consent to the rules, terms and conditions
associated with this transaction as provided by
Spotnana.

Signature Of Card Holder

Date:

CREDIT CARD INFO

First Name

Last Name

M.I.

Credit Card

AMEX

MC

VISA

Credit Card #

Exp Date

mm

yyy

Security Code CW2

BILLING ADDRESS

Address

Address 2

City

State

Country

Pin Code

Home Phone

Bus. Phone

Mobile Phone

ADDITIONAL TRAVELERS

Other than credit card holder, for whom payment will be made on this card

First Name

Last Name

M.I.

First Name

Last Name

M.I.

First Name

Last Name

M.I.

SPOTNANA

www.spotnana.com

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