

CENTRAV

Please complete this form and fax to 800-255-6138 to complete payment.

AUTHORIZATION FOR DIRECT PAYMENT

I authorize CENTRAV, INC. to initiate an electronic debit from our agency account on file as payment for the booking detailed below. I acknowledge the terms and conditions of the sale as stated on the itinerary.

RECORD LOCATOR: _____

LEAD PAX NAME: _____

DEPARTURE DATE: _____

PAYMENT AMOUNT: \$ _____
(NOTE: Please send only the net amount due – no commission should be added.)

ACCOUNT TO DEBIT: _____
(NOTE: This is for agencies with multiple accounts on file with Centrav.)

AGENCY NAME: _____

ARC: _____

AUTH. SIGNATURE: _____ TITLE: _____

DATE: _____

GROUPS ONLY COMPLETE THIS ALSO:

NUMBER OF PASSENGERS: _____ Centrav Agent: _____

CITY PAIRS AND DEPARTURE DATE: _____

GROUP NAME: _____

CIRCLE IF - FINAL PAYMENT OR DEPOSIT

NOTE: If your agency is not yet registered for the Direct Payment Program, you must first complete a DIRECT PAYMENT REGISTRATION FORM and fax along with this payment authorization. The registration form may be downloaded from our website, or you may call and ask one of our reservation agents to send one to you.