

Transam Travel Reservation Change Request Form



**Address : 4222 King Street, Alexandria,
VA 22302**

Phone: 1 (800) 822 7600

Fax: (703) 880 4432 or (703) 824 8190

I _____ hereby authorize Transam Travel Inc to charge my Credit Card for Reservation Change Penalty.

Additionally, if the new tickets cost more than the original tickets you must pay the difference. If the new tickets are less than the original, the airline will not credit the difference. You must travel on the same airline in the same class. Rerouting is not permitted.

PASSENGER NAME: _____

NUMBER OF PASSENGERS: _____

Reservation No: _____ Date of Travel: _____

Penalty Per Passenger 1) \$ _____ 2) \$ _____

3) \$ _____ 4) \$ _____

TOTAL AMOUNT TO BE CHARGE TO CREDIT CARD: \$ _____

Credit Card Number : _____

Billing Address: _____

Issuing Bank name: _____

Bank Customer Service Tel# (_____)

V-code on back of Card: _____ (V-code on back of card)

Requesting the change before the first travel date. The change request must be done BEFORE the first travel date. Also cancel your reservation before traveling date. After hours and holidays please contact the airlines and cancel your booking with them. Otherwise, the ticket is completely worthless. Please complete all above given fields and fax this form:

Please fax this form to (703)824-8190

Signature of Cardholder: _____