

Trip Id: OFBGNJVL8P

5985 REV 1-97 GENERAL CREDIT FORMS ST. LOUIS 63045 1201	I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPON(S) FOR RELATED CHARGES DESCRIBED HEREON AND AM AWARE OF APPLICABLE RESTRICTIONS AND/OR PENALTIES AS SHOWN ON SUCH TICKET(S) AND/OR COUPON(S).			UNIVERSAL CREDIT CARD CHARGE FORM			DATE AND PLACE OF ISSUE 97	
	X SIGNATURE OF THE CARD HOLDER Joel Freire X 1			CARRIER CODE	DL	1. CARDHOLDER COPY		
				DATE OF ISSUE 18JUN16		IF EXTENDED PAYMENT APPLICABLE, CIRCLE NO. OF MONTHS 3 6 9 12		
	NAME OF PASSENGER IF OTHER THAN CARDHOLDER			OTATO NO.	CONNECTION OF PASSENGER WITH SUBSCRIBER			APPROVAL CODE
	COMPLETE ROUTING LAS-DTW MA0LA0MD DTW-EWR MA0LA0MD			FARE BASIS	CARRIER	AIRLINE	FORM	SERIAL NO.
				DL	TICKETS NOT TRANSFERABLE NO CASH REFUNDS CREDIT CARD NAME/CODE			
FARE 405.93			TOTAL \$ 458.60		ROUTE CODE			Card Number : xxxx-xxxx-xxxx-0199 Card holder Name : Shazara Ali Billing Address : 9 Ross road Wallington New Jersey 07057, United States
TAX 52.67								
EQUIV. AMT. PD.								