



BIZCLASS INC.

21 Airport Blvd. Ste. D South San Francisco, CA 94080
TOLL FREE: 888-819-8896 FAX: 650-589-4534

VOLUNTARY CANCELLATION/CHANGE Confirmation:

Attention: _____

From: _____

Passenger Names: _____

Ticket Numbers: _____

Departure Date: _____

Routing: _____

Credit Card Holder's

Full Name: _____

Credit Card No: _____ Expiration Date: _____ CVV2: _____

Authorized Cancellation Penalty (US\$): _____

Authorized Billing Address: _____

Billing Phone: _____

PLEASE READ CAREFULLY

I authorize the cancellation of the tickets confirmed with the above confirmation number. I understand all the stipulations pertaining to the cancelled tickets. I acknowledge related cancellation charges described to me and/or persons above. I shall under no condition decline, reject, or challenge the amount charged to my credit card.

Credit Card Holder's Signature: _____

Date _____

Please fax or e-mail this form back to BizClass Inc.

Customerservice@BizClassDeals.com

FAX: 650-589-4534

Thank you for your business and your cooperation. We look forward to serving you in the future!