

Fill in this information to identify the case:

Debtor name: **AirFastTickets, Inc.**

United States Bankruptcy Court for the: **Southern District of New York**

Case number (If known): **15-11951 (SHL)**

ID: 21
ALASKA AIRLINES
PO BOX 68900
SEATTLE, WA 98168-0900

YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID **s51**
Amount/Classification
\$1,265.24 Unsecured

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

RECEIVED
APR 04 2016
BMC GROUP

Official Form 410

Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense, except for administrative expenses under 11 U.S.C. § 503(b)(9).

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that is actually received on or before 7:00 pm, prevailing Eastern Time on April 6, 2016 for Non-Governmental Claimants OR on or before April 25, 2016 for Governmental Units.

Part 1: Identify the Claim

1. Who is the current creditor?

ALASKA AIRLINES, INC.

Name of the current creditor (the person or entity to paid for this claim)

Other name the creditor used with the debtor

2. Has this claim been acquired from someone else?

No

Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

HOWARD THIERSCH, ALASKA AIRLINES

Cathy Freeberg, Alaska Airlines

Name

Name

PO Box 68900

PO Box 68900 - SEAC

Number Street

Number Street

Seattle, WA 98168

Seattle, WA 98168

City State ZIP Code

City State ZIP Code

Contact phone **206 392 5804**

Contact phone **206 392 7628**

Contact email **HOWARD.THIERSCH@alaskaair.com**

Contact email **Cathy.Freeberg@Alaskaair.com**

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

No

Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

No

Yes. Who made the earlier filing?

AirFastTickets, Inc. POC



00040

Part 2: Give information about the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 6042

7. How much is the claim? \$ 2625.24. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
AIRLINE TICKET SALES

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? No
 Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. §507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? No
 Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
MM / DD / YYYY

Cathy A Freeberg
Signature

Print the name of the person who is completing and signing this claim:

Name Cathy Freeberg
First name Middle name Last name

Title Credit Assistant

Company Alaska Airlines, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 19300 International Blvd
Number Street
Seattle, WA 98188
City State ZIP Code

Contact phone 206 392 7628 Email Cathy.Freeberg@alaskair.com



37861562000021

ALASKA AIRLINES
PO BOX 68900
SEATTLE, WA 98168-0900

ADM	TDNR	Agent #	Name	Sent	Debit Reason	Total	FARE	COMM	TAX	PENALTY FEE
8960302893 (0)	0277420644733	33660421	AIRFASTTICKETS.COM	2014-10-06	Non-commissionable	54.06	0.00	4.06	0.00	50.00
8960302942 (0)	0277420644731	33660421	AIRFASTTICKETS.COM	2014-10-06	Non-commissionable	54.06	0.00	4.06	0.00	50.00
8960302944 (0)	0277420644730	33660421	AIRFASTTICKETS.COM	2014-10-06	Non-commissionable	54.06	0.00	4.06	0.00	50.00
8960302948 (0)	0277420644732	33660421	AIRFASTTICKETS.COM	2014-10-06	Non-commissionable	54.06	0.00	4.06	0.00	50.00
8960917546 (1)	0277421488874	33660421	AIRFASTTICKETS.COM	2014-07-21	Chargeback	1,204.50	1,204.50	0.00	0.00	0.00
8960917547 (1)	0277421488875	33660421	AIRFASTTICKETS.COM	2014-07-21	Chargeback	1,204.50	1,204.50	0.00	0.00	0.00



Agency Sales Audit Debit Memo

Alaska Airlines - SEAAD
 P.O. BOX 68900
 Seattle, WA 98168
 Phone: (206) 392-7723
 Fax: (206) 392-7594
 E-Mail: DebitMemos.Inquiry@alaskaair.com

*Please include payment on your next sales report for the amount due airline shown on the stub below. Detach the stub and forward it with the next sales report. Pay only the amount shown. If you have any information which would cancel or revise the charge, indicate the reason and return this memo intact to the address shown above.

Carrier 027	Memo Number 8960302942	CK 7
	Memo Date October 06, 2014	
	Agency Number 3366042	CK 1
	Ticket Number 0277420644731	
	Date of Ticket June 18, 2014	
	Period Ending June 21, 2014	
	Passenger REGALADO/GUILLERMO.ANTONIO.MR	

Primary Reason

NON-COMMISSIONABLE : AGENT 3366042 IS NON COMMISSIONABLE

Secondary Reason(s)

	Fare	Tax	Commission	Penalty	Total
Our Computation	405.58	50.92	0.00	0.00	456.50
Your Computation	405.58	50.92	-4.06	0.00	452.44
Difference	0.00	0.00	4.06	0.00	4.06
Service Charge					\$ 50.00
Grand Total Due					\$ 54.06

Electronic Ticket		ALASKA AIRLINES		CONJUNCTIVE TICKETS		7420 644 731	
ENDORSEMENTS / RESTRICTIONS VALID AS IN ON-RED/CHNG SUBJ TO FEE/				DATE OF ISSUE 18Jun14		ORIGIN / DESTINATION LAX LAX	
PASSENGER NAME REGALADO/GUILLERMO.ANTONIO.MR				NOT TRANSFERABLE		AIRFASTTICKETS.COM 3RD FLOOR 875 THIRD AVE NEW YORK NY 10022	
QX	FROM LAX	CARRIER AS	FLIGHT 1039	CLASS K	DATE 2014-08-15	TIME 1125	STATUS
	TO BNA						FARE BASIS / TICKET DESIGNATOR KA14ERD1
	TO LAX						NOT VALID BEFORE
	TO						NOT VALID AFTER
							ALLOW
NUMBER OF PIECES ALLOWED							
FARE	FARE CALCULATION LAX AS BNA202.79AS LAX202.79 USD405.58END AS ZPLAXBNA XT 5.00AY7.50XF LAX4.5BNA3						
EQUIV FARE PAID							
TAX US 30.42							
TAX ZP 8.00							
TAX XT 12.50	FORM OF PAYMENT						
TOTAL 456.50	CPN	AIRLINE CODE	FORM	SERIAL NUMBER	CK	ISSUE	CK
523/		027		7420644731		523	7
				COMMISSION	TAX	COMM RATE	
				-4.06	50.92	0.89%	
DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE							



DEBIT MEMO

IMPORTANT: Please return this stub with your next sales report to the Area Bank to identify payment.

AIRFASTTICKETS.COM
 3RD FLOOR
 875 THIRD AVE
 NEW YORK, NY
 10022

MEMO DATE October 06, 2014		AMOUNT \$ 54.06	
FORM 8960	Serial Number 302942	Airline 7 027	Agency Number 6 3366042 1
TICKET NUMBER 0277420644731			



Agency Sales Audit Debit Memo

Alaska Airlines - SEAD
 P.O. BOX 68900
 Seattle, WA 98168
 Phone: (206) 392-7723
 Fax: (206) 392-7594
 E-Mail: DebitMemos.Inquiry@alaskaair.com

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Carrier	027	Memo Number	8960302944	CK	7
		Memo Date	October 06, 2014		
		Agency Number	3366042	CK	1
		Ticket Number	0277420644730		
		Date of Ticket	June 18, 2014		
		Period Ending	June 21, 2014		
		Passenger	REGALADO/DONNA.SUE.MRS		

Primary Reason

NON-COMMISSIONABLE : AGENT 3366042 IS NON COMMISSIONABLE

Secondary Reason(s)

	Fare	Tax	Commission	Penalty	Total
Our Computation	405.58	50.92	0.00	0.00	456.50
Your Computation	405.58	50.92	-4.06	0.00	452.44
Difference	0.00	0.00	4.06	0.00	4.06
Service Charge					\$ 50.00
Grand Total Due					\$ 54.06

Electronic Ticket		ALASKA AIRLINES		CONJUNCTIVE TICKETS		7420 644 730	
ENDORSEMENTS / RESTRICTIONS VALID AS/NON-REF/CHNG SUBJ TO FEE/				DATE OF ISSUE 18Jun14		ORIGIN / DESTINATION LAX LAX	
PASSENGER NAME REGALADO/DONNA.SUE.MRS				NOT TRANSFERABLE		AIRFASTTICKETS.COM 3RD FLOOR 875 THIRD AVE NEW YORK NY 10022	
QX	FROM LAX	CARRIER AS	FLIGHT 1039	CLASS K	DATE 2014-08-15	TIME 1125	STATUS
	TO BNA	AS	1039	K	2014-08-24	1810	FARE BASIS / TICKET DESIGNATOR KA14ERD1
	TO LAX						NOT VALID BEFORE
	TO						NOT VALID AFTER
							ALLOW
NUMBER OF PIECES ALLOWED							
FARE	FARE CALCULATION LAX AS BNA202.79AS LAX202.79 USD405.58END AS ZPLAXBNA XT 5.00AY7.50XF LAX4.5BNA3						
EQUIV FARE PAID							
TAX	US 30.42						
TAX	ZP 8.00						
TAX	XT 12.50						
TOTAL	456.50						
523/	CPN	AIRLINE CODE	FORM	SERIAL NUMBER	CK	ISSUE	CK
		027		7420644730		523	7
						COMMISSION	TAX
						-4.06	50.92
							COMM RATE
							0.89 %
DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE							



DEBIT MEMO

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AIRFASTTICKETS.COM
 3RD FLOOR
 875 THIRD AVE
 NEW YORK, NY
 10022

MEMO DATE		AMOUNT	
October 06, 2014		\$ 54.06	
FORM	Serial Number	Airline	Agency Number
8960	302944 7	027 6	3366042 1
TICKET NUMBER			
0277420644730			



Agency Sales Audit Debit Memo

Alaska Airlines - SEAAD
 P.O. BOX 68900
 Seattle, WA 98168
 Phone: (206) 392-7723
 Fax: (206) 392-7594
 E-Mail: DebitMemos.Inquiry@alaskaair.com

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Carrier	027	Memo Number	8960302948	CK	7
		Memo Date	October 06, 2014		
		Agency Number	3366042	CK	1
		Ticket Number	0277420644732		
		Date of Ticket	June 18, 2014		
		Period Ending	June 21, 2014		
		Passenger	REGALADO/GABRIEL.ANTONIO.*CHD		

Primary Reason

NON-COMMISSIONABLE : AGENT 3366042 IS NON COMMISSIONABLE

Secondary Reason(s)

	Fare	Tax	Commission	Penalty	Total
Our Computation	405.58	50.92	0.00	0.00	456.50
Your Computation	405.58	50.92	-4.06	0.00	452.44
Difference	0.00	0.00	4.06	0.00	4.06
Service Charge					\$ 50.00
Grand Total Due					\$ 54.06

Electronic Ticket		ALASKA AIRLINES		CONJUNCTIVE TICKETS		7420 644 732	
ENDORSEMENTS / RESTRICTIONS VALID AS/NON-RED/CHNG SUBJ TO FEE/				DATE OF ISSUE 18Jun14		ORIGIN / DESTINATION LAX LAX	
PASSENGER NAME REGALADO/GABRIEL.ANTONIO.*CHD				NOT TRANSFERABLE		AIRFASTTICKETS.COM 3RD FLOOR 875 THIRD AVE NEW YORK NY 10022	
CX	FROM	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS
	LAX	AS	1039	K	2014-08-15	1125	
	TO						
	BNA	AS	1039	K	2014-08-24	1810	
	TO						
	LAX						
	TO						
							NUMBER OF PIECES ALLOWED
FARE	FARE CALCULATION LAX AS BNA202.79AS LAX202.79 USD405.58END AS ZPLAXBNA XT 5.00AY7.50XF LAX4.5BNA3						
EQUIV FARE PAID							
TAX	US 30.42						
TAX	ZP 8.00						
TAX	XT 12.50						
TOTAL	456.50						
	CPN	AIRLINE CODE	FORM	SERIAL NUMBER	CK		
		027		7420644732			
						ISSUE	CK
						523	
						COMMISSION	TAX
						-4.06	50.92
						COMM RATE	
							0.89%



DEBIT MEMO

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AIRFASTTICKETS.COM
 3RD FLOOR
 875 THIRD AVE
 NEW YORK, NY
 10022

MEMO DATE		AMOUNT	
October 06, 2014		\$ 54.06	
FORM	Serial Number	Airline	Agency Number
8960	302948	7 027	6 3366042 1
TICKET NUMBER			
0277420644732			



Agency Sales Audit Debit Memo

Alaska Airlines - SEAD
 P.O. BOX 68900
 Seattle, WA 98168
 Phone: (206) 392-7723
 Fax: (206) 392-7594
 E-Mail: DebitMemos.Inquiry@alaskaair.com

*Please include payment on your next sales report for the amount due airline shown on the stub below. Detach the stub and forward it with the next sales report. Pay only the amount shown. If you have any information which would cancel or revise the charge, indicate the reason and return this memo intact to the address shown above.

Carrier 027	Memo Number 8960 917546	CK 7
	Memo Date July 21, 2014	
	Agency Number 3366042	CK 1
	Ticket Number 0277421488874	
	Date of Ticket June 30, 2014	
	Period Ending June 30, 2014	
	Passenger KAREEM/PRINCERASHEED.MR	

Debit Memo Reason(s):

CHARGEBACK: FRAUD

Our Calculation:

	Fare	Tax	Commission	Penalty	Booking	Total
Our Computation	1204.50	0.00	0.00	0.00	0.00	1204.50
Your Computation	0.00	0.00	0.00	0.00	0.00	0.00
Difference	1204.50	0.00	0.00	0.00	0.00	1204.50
Service Charge						\$ 0.00
Grand Total Due						\$ 1,204.50

Electronic Ticket		ALASKA AIRLINES		CONJUNCTIVE TICKETS		7421 488 874	
ENDORSEMENTS / RESTRICTIONS VALID AS/VALID AS/NON-REF/CHNG SURJ TO FEE/				DATE OF ISSUE 30Jun14		ORIGIN / DESTINATION IAH JFK	
PASSENGER NAME KAREEM/PRINCERASHEED.MR				NOT TRANSFERABLE		AIRFASTTICKETS.COM	
						3RD FLOOR	
						875 THIRD AVE	
						NEW YORK NY 10022	
ORIGIN	FROM	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS
IAH	IAH	AS	731	Y	2014-07-01	1725	
TO	SFA	AS	5277	H	2014-07-01	2158	
TO	JFK						
TO							
FARE BASIS / TICKET DESIGNATOR YASR1							
FARE 1101.40							
FARE CALCULATION HOU AS SEA549.77AS NYC Q4 65 546 98USD1101.40END AS ZPIAHSEA XT5.00AY7.50XF IAH3 SEA4.5							
EQUIV FARE PAID							
TAX US 82.60							
TAX ZP 8.00							
TAX XT 12.50							
FORM OF PAYMENT							
APPROVAL CODE							
TOUR CODE							
TOTAL	1204.50	CPN	AIRLINE CODE	FORM	SERIAL NUMBER	CK	
			027		027		
523/				ISSUE	CK	COMMISSION	TAX
				523			103.10
						COMM RATE	0.00%
DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE							



DEBIT MEMO

IMPORTANT: Please return this stub with your next sales report to the Area Bank to identify payment.

AIRFASTTICKETS.COM
 3RD FLOOR
 875 THIRD AVE
 NEW YORK, NY 10022

MEMO DATE July 21, 2014		AMOUNT 1204.50	
FORM	Serial Number	Airline	Agency Number
8960	917546 7	027 6	3366042 1
TICKET NUMBER 0277421488874			

MERCHANT SERVICES
PO BOX 6603
HAGERSTOWN, MD 21741-6603
USA

8960917540
* 33660421 . CHARGEBACK NOTIFICATION

A financial adjustment has been made to your account as a result of a chargeback initiated by the issuing bank (below). If you wish to contest the chargeback, your response must be:
Received No Later Than
08/01/2014 (mm/dd/yyyy)
We must receive your response by the above due date or we will be unable to reverse this chargeback.

KS
07/12/2014 (mm/dd/yyyy)

ALASKA AIRLINES INC
CREDIT MANAGER SEAAC
PO BOX 68900
SEATTLE WA 98168-0900

Faxed to:

Jurisdiction: Visa USA Domestic
Dispute Type: FIRST CHARGEBACK
Reason: Fraudulent Transaction - Card Present
Case Number: 841926306801
Adjustment Amount: 1204.50

Original Transaction Detail Information

Merchant Number:	1883	Credit Card Number:	XXXXXXXX5777
Transaction Date (mm/dd/yyyy):	06/30/2014	Reference Number:	24431064182331900046206
Transaction Amount:	1204.50	Foreign Amount:	0.00
Merchant Xref:		Airline Ticket Number:	EXCH 02774214888745
Total Batch Amount:	3746686.84	Batch Date (mm/dd/yyyy):	07/01/2014
Usage Code:	1	Custom Data:	21 50257150
Card Product Type:	Visa Classic	Transaction Method:	Card Present
Invoice Number:		POS Entry:	Used
AVS Code:		CVV2/CVC2/CID:	
UCAF/CAVV:		MCC:	3256
Reason Code:	81 / Fraudulent Transaction - Card Present		

Kareem / Prince Rasheed Mr

Case Summary

This chargeback has been initiated by State Employees Credit Union because the cardholder denied participation or the transaction was processed on a fraudulent or fictitious account number.

If you accept this adjustment: No response or further action is required.

If you want to contest this adjustment: The following actions are suggested so that we can assist you and provide the initiating bank with your response as required by the Payment Card Regulations.

DO NOT ISSUE CREDIT. The cardholders account has been credited as a result of this chargeback. If you previously issued credit, please provide the date and amount of the credit.

Required Action: To refute this chargeback please provide a legible signed imprinted transaction document. A transaction document could include a sales draft, folio or rental agreement. If this is an ATM transaction, please provide a copy of the ATM log proving funds were dispensed.

Complete the information requested on the back side of this form. Follow all instructions.

Questions?
Call Merchant Services at:
800-430-7161

I
TA

Chargeback Reference Number

709574

Cardholder Contact Information

Name SAMMY HOLT

Cardholder did not release contact information.



RES Partition

End Session

Key Map: = or * (Display), # or ' (Cross), @ or [(Change), % or \ (EndItem), ArrowUp (PrevEntry), ArrowDown (NextEntry)

VCRH*0272150257156

Submit

Response

* HISTORICAL TICKET *

VIRTUAL COUPON RECORD

0272150257156 NAME-KAREEM/PRINCERASHEEDMR
TTL NBR OF CPNS- 2 DATE OF ISSUE-30JUN14 PNR-*PURGED 01JUL14
CPN A/L FLT CLS DATE BRDOFF TIME ST F/B STAT
1 AS 731 B 30JUN IAHSEA 525P OK BASN3 USED
20 AS 5277 H 30JUN SEAJFK 1110P OK HA00A0NP USED

FARE USD 1059.54 TAX 79.46US TAX 8.00ZP TAX 12.50XT
TOTAL USD 1159.50

FARE CALC HOU AS SEA489.30AS NYC Q23.26 546.98USD1059.54END Z
PIAHSEA XT5.00AY7.50XFAH3SEA4.5

FCMI-0

FORM OF PAYMENT

FOP-EF

DATE OF ISSUE-30JUN14 ISSUED AT-PHXRR PHX G8F

EXCH-0277421488874/12

EXCH-FO

ORIG TICKET NBR-0277421488874 DATE/PLACE OF ISSUE-30JUN14/NYC

ENDORSEMENTS/RESTRICTIONS-

VALID AS/NON-RFD/CHNG SUBJ TO FEE

IT-

REMARKS-

ENTER VCRH*TKTNBR*CALL TO DISPLAY CPN DETAILS

ENTER VCRH*TKTNBR*FC TO DISPLAY FARE CALC WITH TAX SUMMARY



Agency Sales Audit Debit Memo

Alaska Airlines - SEAD
 P.O. BOX 68900
 Seattle, WA 98168
 Phone: (206) 392-7723
 Fax: (206) 392-7594
 E-Mail: DebitMemos.Inquiry@alaskaair.com

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	Memo Date July 21, 2014	
	Agency Number 3366042	CK 1
	Ticket Number 0277421488875	
	Date of Ticket June 30, 2014	
	Period Ending June 30, 2014	
	Passenger OLANREWAJU/SHERIFAT.MRS	

Debit Memo Reason(s):

CHARGEBACK: FRAUD

Our Calculation:

	Fare	Tax	Commission	Penalty	Booking	Total
Our Computation	1204.50	0.00	0.00	0.00	0.00	1204.50
Your Computation	0.00	0.00	0.00	0.00	0.00	0.00
Difference	1204.50	0.00	0.00	0.00	0.00	1204.50
Service Charge						\$ 0.00
Grand Total Due						\$ 1,204.50

Electronic Ticket		ALASKA AIRLINES		CONJUNCTIVE TICKETS		7421 488 875	
ENDORSEMENTS / RESTRICTIONS VALID AS/INVALID AS/NON-REF/CHNG SUBJ TO FEE/				DATE OF ISSUE 30Jun14		ORIGIN / DESTINATION IAH JFK	
PASSENGER NAME OLANREWAJU/SHERIFAT.MRS				NOT TRANSFERABLE		AIRFASTTICKETS.COM 3RD FLOOR 875 THIRD AVE NEW YORK NY 10022	
QX	FROM	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS
	IAH	AS	731	Y	2014-07-01	1725	YASR1
	TO						
	SEA	AS	5277	H	2014-07-01	2158	HAC0A0NP
	TO						
	JFK						
	TO						
							NUMBER OF PIECES ALLOWED
FARE		FARE CALCULATION					
1101.40		HOU AS SEA549.77AS NYC Q4 65 546 98USD1101.40END AS ZPIAHSEA XT5.00AY7.50XF IAH3 SEA4.5					
EQUIV FARE PAID							
TAX							
US 82.60							
TAX							
ZP 8.00							
TAX							
XT 12.50							
TOTAL		FORM OF PAYMENT		APPROVAL CODE		TOUR CODE	
1204.50							
523/		CPN	AIRLINE CODE	FORM	SERIAL NUMBER	CK	
			027		027		
		ISSUE	CK	COMMISSION	TAX	COMM RATE	
		523			103.10	0.00 %	
DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE							



DEBIT MEMO

IMPORTANT: Please return this stub with your next sales report to the Area Bank to identify payment.

AIRFASTTICKETS.COM
 3RD FLOOR
 875 THIRD AVE
 NEW YORK, NY 10022

MEMO DATE July 21, 2014		AMOUNT 1204.50	
FORM	Serial Number	Airline	Agency Number
8960	917547 7	027 6	3366042 1
TICKET NUMBER 0277421488875			

MERCHANT SERVICES
PO BOX 6603
HAGERSTOWN, MD 21741-6603
USA

33660421

89160 917547

CHARGEBACK NOTIFICATION

A financial adjustment has been made to your account as a result of a chargeback initiated by the issuing bank (below). If you wish to contest the chargeback, your response must be:
Received No Later Than
08/01/2014 (mm/dd/yyyy)
We must receive your response by the above due date or we will be unable to reverse this chargeback.

15
07/12/2014 (mm/dd/yyyy)

ALASKA AIRLINES INC
CREDIT MANAGER SEAAC
PO BOX 68900
SEATTLE WA 98168-0900

Faxed to:

Jurisdiction: Visa USA Domestic
Dispute Type: FIRST CHARGEBACK
Reason: Fraudulent Transaction - Card Present
Case Number: 841926306901
Adjustment Amount: 1204.50

Original Transaction Detail Information

Merchant Number:	1883	Credit Card Number:	XXXXXXXX5777
Transaction Date (mm/dd/yyyy):	06/30/2014	Reference Number:	24431064182331900046214
Transaction Amount:	1204.50	Foreign Amount:	0.00
Merchant Xref:		Airline Ticket Number:	EXCH 02774214888756
Total Batch Amount:	3746686.84	Batch Date (mm/dd/yyyy):	07/01/2014
Usage Code:	1	Custom Data:	2150 257157
Card Product Type:	Visa Classic	Transaction Method:	Card Present
Invoice Number:		POS Entry:	used
AVS Code:		CVV2/CVC2/CID:	
UCAFI/CAVV:		MCC:	3256
Reason Code:	81 / Fraudulent Transaction - Card Present		

Dianrewaju / Sheri Fat Mrs

Case Summary

This chargeback has been initiated by State Employees Credit Union because the cardholder denied participation or the transaction was processed on a fraudulent or fictitious account number.

If you accept this adjustment: No response or further action is required.

If you want to contest this adjustment: The following actions are suggested so that we can assist you and provide the initiating bank with your response as required by the Payment Card Regulations.

DO NOT ISSUE CREDIT. The cardholders account has been credited as a result of this chargeback. If you previously issued credit, please provide the date and amount of the credit.

Required Action: To refute this chargeback please provide a legible signed imprinted transaction document. A transaction document could include a sales draft, folio or rental agreement. If this is an ATM transaction, please provide a copy of the ATM log proving funds were dispensed.

Complete the information requested on the back side of this form. Follow all instructions.

Questions?
Call Merchant Services at:
800-430-7161

I
TA

Chargeback Reference Number

709575

Cardholder Contact Information

Name SAMMY HOLT

Cardholder did not release contact information.



RES Partition

End Session

Key Map: = or * (Display), # or ' (Cross), @ or [(Change), % or \ (EndItem), ArrowUp (PrevEntry), ArrowDown (NextEntry)

VCRH*0272150257157

Submit

Response

* HISTORICAL TICKET *

VIRTUAL COUPON RECORD

0272150257157 NAME-OLANREWAJU/SHERIFATMRS
TTL NBR OF CPNS- 2 DATE OF ISSUE-30JUN14 PNR-*PURGED 01JUL14
CPN A/L FLT CLS DATE BRDOFF TIME ST F/B STAT
1 AS 731 B 30JUN IAHSEA 525P OK BASN3 USED
20 AS 5277 H 30JUN SEAJFK 1110P OK HA00A0NP USED

FARE USD 1059.54 TAX 79.46US TAX 8.00ZP TAX 12.50XT
TOTAL USD 1159.50

FARE CALC HOU AS SEA489.30AS NYC Q23.26 546.98USD1059.54END Z
PIAHSEA XT5.00AY7.50XFIAH3SEA4.5

FCMI-0

FORM OF PAYMENT

FOP-EF

DATE OF ISSUE-30JUN14 ISSUED AT-PHXRR PHX G8F

EXCH-0277421488875/12

EXCH- FOP-EF

ORIG TICKET NBR-0277421488875 DATE/PLACE OF ISSUE-30JUN14/NYC

ENDORSEMENTS/RESTRICTIONS-

VALID AS/NON-RFD/CHNG SUBJ TO FEE

IT-

REMARKS-

ENTER VCRH*TKTNBR*CALL TO DISPLAY CPN DETAILS

ENTER VCRH*TKTNBR*FC TO DISPLAY FARE CALC WITH TAX SUMMARY