

Credit Card Authorization Form

***Passenger(s):**

	LAST NAME	FIRST NAME
1:
2:
3:
4:

***Itinerary:**

Origin: Destination: Airline:

Departure Date: Return Date:

Cardholder name:**(As shown on the credit card):Credit Card type:** Ammex Visa MasterCard Diner Club***Credit Card NBR:** **Exp Date:** **CVV:**.....***Card holder mailing address:**

Street: City:

Province: Postal Code: Country:

***Passenger contact:**

Phone:

Email:

I hereby authorize Skylawn Travel to charge the credit card with total amount ofCAD.

Authorized Cardholder **signature:**

We wish to thank you for choosing Skylawn Travel. It will be our pleasure to provide you with all your travel needs at any moment.

***Travel agent name:**Please complete this form and return via **email** at toronto@skylawntravel.com. Or **fax** at (416)748-0748 along with a copy of your **Credit Card(Front & Back) and any ID (mandatory)**.