

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 montreal@skylawntravel.com. Or **fax** at (514)388-2815 along with a copy of your **Credit Card(Front & Back)** and any **ID (mandatory)**.