

**Credit Card Authorization Form**

**\*Passenger(s) name:**      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:**     Amex       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 of .....CAD.

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 it via **fax** to (416)748-0748 or **email** us at [skylawn@rogers.com](mailto:skylawn@rogers.com).  
 With a copy of your **Credit Card(Front & Back)** and any **ID (mandatory)**.