

Credit card authorization To be returned by fax at 416-493-8429

In order to process your airline tickets, and/or the land arrangements kindly take a moment to fill out the information below.

Credit Card Number: ____ / ____ Expiry Date: ___ / ___

Card Verification Code _____ (the 3 digit code on the back of the card)

Billing Address (Street Number and Street Name):

		Apartment #
City:	Province/State:	Postal Code/Zip:
Home Phone #:	Business #:	ext:
Mobile #:		
Name as it appears on Credit	Card:	

Name of the passenger(s): _____

Total Amount to be charged in Canadian Dollars (Please PRINT):

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby give full authorization to Airflightcanada (ticket issuer),

______ (Travel Agent) and ______ (Airline/supplier) to charge the above mentioned amount on my credit card as identified above and shall not decline, reject or challenge such amount charged on my credit card for the purpose of paying for air tickets for the passengers identified above.

I also declare that I'm aware that some restrictions may apply to the tickets purchased by this transaction and that I am satisfied that such restrictions have been explained to me. **Note**: Airflightcanada or the Airline you are flying with will bill above-mentioned amount.

Signature of Card Holder: ____/ 201_

Agents: If you are signing this authorization on Card Holder's behalf ensure you have cardholder's consent and authorization to do so as your Agency and signing person will be held responsible for charge backs.

