



Credit Card Payment Authorization form

This Form must be completed before tickets can be issued.

Amount to be Charged:

Credit Card Type:

Name on Credit Card:

Credit Card Number:

Expiry:

CCV Code:

Billing Address :

City:

Province/State:

Postal/Zip:

Telephone:

Mobile:

Credit Card Issuing bank:

Telephone:

Name of the Passengers:

Departure From:

Date:

I _____ give full authorization to charge my Credit Card for the associated supplier for the above Charges mentioned. I have checked and verified the itinerary, including all names, flight details, dates and times. I fully understand all booking conditions.

Credit Card Holder's Signature

Date:

Please attach photocopy of Credit Card Front and Back and Passport/Driver's License. Photocopy must be legible for verification and acceptance.

Please fill up the form completely and fax to +1-416 -438 -3290 or send the scanned image through e-mail at fares@canadianfares.com