

CREDIT CARD HOLDER'S AUTHORIZATION

IN LIEU OF MY CREDIT CARD IMPRINT, I _____
CREDIT CARD HOLDER
HEREBY AUTHORIZE _____ / _____ SKYWAYS TRAVEL
AIRLINE
TO CHARGE MY _____ # _____ - _____ - _____ EXP _____
TYPE OF CREDIT CARD
IN THE AMOUNT OF \$ _____ FOR PAYMENT OF TRAVEL FOR THE FOLLOWING PASSENGER(S)

PASSENGER'S NAME

- 1) _____ (DATE OF BIRTH) _____
- 2) _____ (DATE OF BIRTH) _____
- 3) _____ (DATE OF BIRTH) _____
- 4) _____ (DATE OF BIRTH) _____

MY BILLING ADDRESS:

TELEPHONE:

(HOME) _____

(WORK) _____

IMPORTANT (PLEASE PROVIDE)

- 1) COPY OF PHOTO ID OR DRIVER'S LICENCE
- 2) PHOTOCOPY OF CREDIT CARD (FRONT & BACK)

BY SIGNING BELOW, I ACKNOWLEDGE THAT I
HAVE REVIEWED MY RESERVATION AND
APPROVE THE ABOVE CHARGES.

x _____