



Credit Card Authorization form

This form must be FULLY completed before tickets can be issued

I _____ give full authorization to **payless4travel.com** and their suppliers(ticket Issuer)_____ & **(airline)** to charge the amount mentioned below on my credit card and shall not decline, reject challenge such amount charged on my credit card for the purpose of paying for air tickets for the passengers identified below. I also declare that I am 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.

Name of Passengers: _____

Date of Departure:(date/place)_____ **To**(destination)_____

Issuing Bank: _____ and Telephone No: _____

Credit Card Holder Name: _____

Credit Card Holder Tele #: _____ **Credit Card Type:** VI/ MC/ AX

Credit Card Holder Add: _____

Credit Card Number _____ **Exp.** _____ **ccv#** _____

Total Amount to be charged to Credit Card Cad\$ _____

All tickets are non-refundable

Card Holder's signature: _____

Signed at (city) _____ **on(Date)** _____

Please attach photocopy of credit card (front and back) and driver's license. Photocopies must be legible for acceptance.

Please fill up the form completely and fax to **1855 447 4490** OR send the scanned image through e-mail at ccauthorisation@payless4travel.com