



KING TRAVEL



Authorization For Credit Card Use.

Credit Card No: _____ Exp Dt: _____

Issuing Bank: _____ and Telephone No: _____

CC Holder Name: _____

CC Billing Address:

Phone Number (H): _____ (B): _____

Name of Passenger (s) _____

Authorize charge amount in CAD \$ _____

Card holders Signature _____

Please Read Carefully

I give full authorization to (Ticket Issuer) KING TRAVEL INC. and _____ (Airline) to charge the above mentioned amount to 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 and other services for the passengers identified above. I also declare that I am aware that some restrictions may apply to the tickets purchased by this transition and that I am satisfied that such restrictions have been explained to me.

Card holder's Signature _____

Signed at (City) _____ (Date) _____

NOTE * PLEASE ATTACH PHOTOCOPY OF CREDIT CARD & driving licence front & back. PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE.

1325 Eglinton Ave. E., Suite # 218, Mississauga, ON L4W 4L9

Tel: 905-624-8555 (8 Lines) • Toll Free: 1-800-844-KING (5464)

Cell: 416-418-3151 • Fax: 905-624-6266

E-mail: kingtravelcan@hotmail.com • www.kingtravelcan.net

