





Authorization for Credit Card Use

Credit Card No:				-				-					-						xp. ate:		/	
																				mm		уу
Issuing Bank:													_									
Name on Card:																						
Address:	Street																				Unit//	Ant
Telephone:																						ψı
	Home						Cel	l							Wor	k					Ext	
Name of Passenger(s):	·																					
Authorize charge	CA\$																					
amount:	Amount	in wo	rds																			
Signature:														_	Dat	e:						
							Plea	ase	rea	ad c	care	full	Y									
I give full author above mention amount charg	ned am	ount	to r	my c	redi	t cai	rd as	ind	icat	ed a	abov	/e ai	nd sl	hal	l not	deo	cline	, reje	ct or	challe	enge	such

amount charged and other services for the purpose of paying for air tickets and other services fro 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, Province, Country)

Date

Note: Please attach photocopy of Credit Card and Driving License, front and back sides. Photocopies must be legible for acceptance.

1325 Eglington Ave. East, Suite 218, Mississauga , ON, L4W 4L9, Canada

info@kingfare.com | T. 905-624-8555 (8 line) | F. 905-624-6266 | Toll free: 1-800-844-KING (5464)

Please visit www.kingfare.com