



KING TRAVEL

Authorization for Credit Card Use

Credit Card No:

Exp. Date:

mm yy

Issuing Bank:

Telephone No:

Name on Card:

Address:

Street

Unit/Apt

Telephone:

Home

Cell

Work

Ext

Name of Passenger(s):

Authorize charge amount:

CA\$

Amount in words

Signature:

Date:

Please read carefully

I give full authorization to King Travel Inc. (Ticket Issuer) and _____ (Airline) to charge the above mentioned amount to my credit card as indicated above and shall not decline, reject or challenge such amount charged and other services 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, Province, Country)

Date

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

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

e-mail: kingtravelcan@hotmail.com * Tel.: 905-624-8555 (8Line) * Fax: 905-624-6266 * Toll Free: 1-800-944-KING (5464) * www.kingtravelcan.com