

Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

Authorization

I authorize Reliable Travel & Tours Inc./Skybird Travel & Tours Inc. (Consolidator) a one-time charge against my credit card for the following:



Amount \$ _____

Name of Passenger(s): _____

Airline/Date of Travel/Destination: _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Date (mm/yyyy): _____ Security Code: _____

Cardholder Signature X _____ Date ____/____/____

PLEASE SEND ALONG WITH A COPY OF THE DRIVER'S LICENSE & FRONT AND BACK OF THE CREDIT CARD, FOR SIGNATURE VERIFICATION PURPOSES AS REQUIRED BY THE ISSUING AIRLINE(S).

THANK YOU FOR YOUR BUSINESS

