



LOWFARE TRAVEL & TOURS **Authorization for CREDIT CARD USE**

Credit Card Number: _____ Expiration Date: _____

Issuing Bank: _____ and Telephone No.: _____

CC Holder Name: _____

CC Billing Address: _____

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

Name of Passenger(s) _____

Authorized charge amount in CAD \$ _____ Confirmation signature _____

Only Canadian/USD Credit cards will be accepted.

PLEASE READ CAREFULLY BEFORE SIGNING

I give full authorization to SLT (ticket/ hotel/ tour issuer), _____ (Travel Agent) and _____ (Airline/ Hotel/ Tour/ Transfer) to charge the above mentioned amount on 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/ hotels/ transfer/ tours for the passengers identified above. I also declare that I'm 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.

Card Holder's signature _____

Signed at (city) _____ on (Date) ____ / ____ / ____

**PLEASE ATTACH PHOTOCOPY OF CREDIT CARD (front and back)
AND DRIVER'S LICENCE.**

PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE. NO EXCEPTIONS.

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To be used by: Low Fare Travel & Associates