



SKYWARD TRAVEL CENTER, INC.



Con nosotros su sueño es una realidad !

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CARDHOLDER'S CREDIT CARD CHARGE AUTHORIZACION FORM

***** **VERY IMPORTANT** *****

Print or type all information as request and provide a photocopy of the credit card (Front and Back) and driver's license of the cardholder.

" OTHERWISE FORM WILL NOT BE ACCEPTED "

In lieu of my credit Imprint,
(Name of cardholder as shown on Credit Card)

Hereby Authorize **SKYWARD TRAVEL CENTER** to charge my

..... In the
(Credit Card Name) (Credit Card Number) (Expiration Date)

Amount of \$ For payment of transportation of myself.

And/or

My billing address : Phone Home

..... Phone Work

E-mail address

Card holder's Signature

Date

By signing above, I acknowledge charges described hereon, Payment full to be made when billed or extended payment accordance with standard policy of company issuing card.

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