

Fly In Sky Travel

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Credit Card Authorization Form

Credit Card Information:

Name : _____ (as shown in Credit Card)

Credit Card Type: ☐ V ☐ Master C ☐ AMEX
YY MM

Credit Card Number:

Expiry Date:

Billing Address for Credit Card Verification:

Billing Address:

_____ City: _____

State: _____ Zip: _____ Phone/Mob: _____

E-mail: _____

Names of all passengers and Date of Birth travelling using this credit card:

Last Name	First Name	Year	MM/DD
1. _____	_____	<input type="text"/>	<input type="text"/>
2. _____	_____	<input type="text"/>	<input type="text"/>
3. _____	_____	<input type="text"/>	<input type="text"/>
4. _____	_____	<input type="text"/>	<input type="text"/>

I here by authorize FLY IN SKY TRAVEL / Issuing carrier to charge my card in the amount of for payment of tickets for all the above passengers. I have reviewed and understand the refund / cancellation penalties on Fly In Sky Travel website <http://www.flyinskytravel.com/>, agreed to the Policies and Procedures, relating to the purchase of the airline tickets in this agreement. I acknowledge that the tickets are non-refundable.

Please take the print out and sign below this form, then fax with lighten copies of VALID PICTURE ID and CREDIT CARD (front and back) at sales@flyinskytravel.com.

Signature of the Card Holder

Date

