

SFT SKY FLY TRAVELS INC

ATTN:-

E-MAIL:SKYFLYNY@GMAIL.COM


FAX NO:- (646) 762 9847

CREDIT CARD AUTHORIZATION FORM

- I hereby authorize SKY FLY TRAVELS INC, to make the following travel arrangements on my behalf and to charge the cost to my credit card/charge card details of which are following is true to my knowledge.
- Please check your itinerary for name spellings. We do not use this page for spelling corrections.
- Sky Fly Travels is not responsible for visa Requirements of any kind and seats assignments.
- I request Sky Fly Travels Inc to issue the tickets below. I am aware that the cancellation fees are from \$375 to non-refundable and date changes are from \$275 and up. All tickets / no show at Airport are non refundable.


CREDIT CARD/CHARGE CARD: VISA-----MASTER CARD-----AMEX CARD HOLDER INFORMATION (PERSONAL)

 NAME: _____


 ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TEL.NO: _____ FAX.NO: _____ E-MAIL: _____

 CARD NUMBER: _____ EXP.DATE: _____

 CREDIT CARD BANK CONTACT NO: _____

 SIGNATURE OF CARD HOLDER: _____

 TOTAL CHARGES (AMOUNT): \$ _____

 PASSENGER FULL NAME WITH GENDER AND DATE OF BIRTH (DOB) AS PER PASSPORT
Redress number if applicable, as it appears on non-expired government issued photo ID.

1.(MR/MRS/MS/MSTR) _____ (DOB) _____

2.(MR/MRS/MS/MSTR) _____ (DOB) _____

3.(MR/MRS/MS/MSTR) _____ (DOB) _____

DATE OF TRAVEL: _____

ITINERARY (ROUTING): _____

 DOCUMENT (TKT) MAILING ADDRESS FOR INFANT / WHEN REQUESTED

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

 NOTE:- **PLEASE FAX/SCAN COPY OF PHOTO ID AND CARD**(FRONT AND BACK)

Thank you for choosing SKY FLY TRAVEL INC. We are always at your service.

WWW.SKYFLY-TRAVELS.COM