KB Travel And Tours Authorization for Credit Card Use

Credit Card No.

-		-		-		
		Expiry Date	2:			
Issuing Bank:		Bank Phone	e #	 		
Card Holder'sName						 _
Complete Billing Address				 		
Phone Home: Name (s) of Passenger (s)	Cell:					
Authorized Charge amount				 		
	•					
Amount in words						
Please read carefully I gave (Airline) 1	complete author to charge the abo			-	-	oove
and shall not decline, reject	-		-	 	-	
other services for the passe	-					
may apply to the tickets public been explained to me. I also	•					
alternative method in case	• • •					у ап
Card Holder's Signature	Signed at (C	ity, Province,	 Country)	 Date	9	

Note: Please attach photocopy of Credit Card and Driving License, front and back sides. Photocopies must be legible for acceptance.

Unit 2A, 2200 Brock Rd, Pickering, On L1X2R2 Email: info@kbtravels.ca I T: 647 717 6857