

CREDIT CARD AUTHORIZATION FORM

NAME OF CC HOLDER : _____

CREDIT CARD NUMBER : _____

CREDIT CARD TYPE : _____

EXPIRY DATE : _____

AMOUNT CAD\$: _____

BILLING ADDRESS : _____

HOME PHONE : _____

NAME OF PASSENGER (OTHER THAN CARD HOLDER)

1. _____

2. _____

3. _____

4. _____

5. _____

I hereby verify and validate the above information provided by me to ROLLBACK TRAVEL, in lieu of my Credit Card imprint.

I do authorize **ROLLBACK TRAVEL** to charge the above mentioned amount to the provided Credit Card.

I will Support this authorization with 2 photocopies (signed) Credit Card & Driver`s License front/back for identification purposes.

By signing below, I acknowledge full liability for the charge described herein. Payment is to be made in full bill in accordance with the standard policy of the company issuing the Credit Card.

SIGNATURE

DATE

This form must be completed in full and all information must be true and correct in order for the ticket issuance to be completed.

Kindly complete the above details and either Fax (6473521400) or email a scan copy to info@rollbacktravel.com