

Credit Card (One Time Payment) Authorization Form

By signing this form you give us permission to debit your account for the amount.

Please complete the information below

I _____ (full name) authorize **ZOOM TRAVEL AND** _____ **AIR LINE** (airline) to charge my credit card account indicated below for _____ (amount). This payment is for air tickets for the passengers.

Identified below

Booking Number _____ or PNR Number _____

Name of Passenger(s) _____

Account Type

Visa

MasterCard

AMEX

Cardholder Name _____

Account Number _____

Issuing Bank _____

Expiration Date _____ Phone# _____

Billing Address _____ Fax# _____

City, State, Post Code _____ Email _____

CARD HOLDER'S SIGNATURE _____ **DATE** _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

***** Please attach photocopy of Credit Card (front and back) *****

***** Photocopies must be legible for acceptance *****

2ND/ID-DRIVING LICENSE AND MATCHES WITH THE CREDIT CARD ADDRESS.

**ZOOM TRAVEL /217-4818 WESTWINDS DRIVE NE CALGARY ALBERTA T3J 3Z5 CANADA.
403-280-1117-/403-970-7777/ E MAIL flywithzoom@gmail.com www.flywithzoom.ca**