

KLONDIKE TRAVEL Flight Centre Independent

CREDIT CARD AUTHORIZATION FORM

For your protection as well as ours, we require the following information as authorization to charge your booking to your credit card.

PLEASE complete and RETURN to klondike@fcitravel.ca or fax 867-668-5658

In lieu of my credit card imprint, I,

hereby authorize KLONDIKE TRAVEL to charge my Credit Card given below.

DESTINATION:

DATES:

TOTAL CHARGES NOT TO EXCEED: **\$**

Credit card Type:

VISA

MASTERCARD

Credit card Number:

Expiration Date:

Security Code Back of Card:

Cardholder's Name as it appears on credit card:

Cardholder's Billing Address if different than registration (where credit card statements are sent):

Cardholder's Signature:

Date Signed:
