

# CREDIT CARD CHARGE FORM

Keep a copy of this document for your records



Airline Code:	Ticket Number:
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Passenger Name:
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Agency Name:
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IATA Code:
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## Payment Details

1- Visa	2- MasterCard	3- American Express	4- Diners	5- UATP
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Credit Card Number:	Expiry Date (MMYY):
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Authorized Amount CAD:	Approval Code:
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I acknowledge receipt of ticket(s) and/or purchase of transportation related services and/or goods for the charges described hereon. I am aware of applicable restrictions and/or penalties associated with this purchase.

Cardholder Name:
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Date (DDMMYYYY):
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Signature
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Imprint credit card here
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Imprint credit card here