

STARLIGHT TRAVELS
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Fax: 4167450052



Credit Card Authorization Form

I _____ (*name as appears on the credit card*)
hereby authorize Starlight Travels to charge a total amount of CAD _____
from my Master Card / American Express / Visa (*please circle*)
Card Number _____ Expiry Date _____
for travel for myself and/or (*names of other passenger(s) or family members, if any*)

For an itinerary as follows:

From _____ To _____

My billing address for this card is:

Home Phone # _____ Business # _____ Mobile # _____

NOTE: I will support this authorization with photocopies of my same credit card (front and back) and a copy of my photo identification (driver's license or passport) which will be faxed herewith.

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

Please complete this form and fax it to: 4167450052 or email us at info@starlighttravels.ca