

**SKYROUTE TRAVEL LLC**  
**8330 Lyndon B Johnson**  
**Fwy Dallas,Tx,75243.**  
**4698673256**

**SKYROUTE CREDIT CARD**  
**AUTHORIZATION FORM**

In lieu of my credit card imprint, I \_\_\_\_\_ hereby  
(name of card holder as shown on card)

authorize, , to charge my VI / MC / AX

\_\_\_\_\_ / \_\_\_\_\_ in the amount  
(credit card number as on the card) (date of expiration)

of \$ \_\_\_\_\_ for payment of transportation for myself and/ or

\_\_\_\_\_  
(Full name(s) of passenger(s) if other than Cardholder)

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (W) \_\_\_\_\_

(H) \_\_\_\_\_

Driving License Number \_\_\_\_\_ State \_\_\_\_\_

**\* \*NOTE \* \* : Identification is required. Please provide a photocopy of the Credit Card (front and back) and Driver License of cardholder.**

By signing below, I acknowledge the charges described herein; and undertake to make payment in full when billed or in extended payment, in accordance with the standard policy of the credit card company, which issued the card. I also acknowledge that there will be a service charge and penalty in case I cancel or change the date of travel after the issuance of the ticket(s) as per the respective Airline fare rules, which are clearly explained to the passenger/card holder prior to issuance fo the ticket(s).

**SIGNATURE:** \_\_\_\_\_

