SkyBlue Travel

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Credit Card Authorization Form

Kindly complete this form and Email it to info@skybluetravelllc.com

Passenger Name(s):							
Amount Authorized ($):							
Cardholder Name:							
Billing Address:							
	City:		State:		Zip:		
Type of Card:	VISA: ☐		MC: ☐		AMEX: ☐	DS: ☐	
Card Number:							
Expiration Date:			Card Verification #:				
Card Issuing Bank:							
Bank Contact Number:							

Please initial each box

☐ I understand that the passenger names entered on this form must match exactly the rst and last names in each passport. Any discrepancy may result in cancellation, change fees, new and/or higher fares, or denial of services.

☐ I understand that it is my responsibility to check requirements and obtain the correct travel documentation ie. Passport, visas, transit visas, identication, etc. for the destination(s) to be visited.

☐ I understand that changes and refunds are subject to a $25 service charge plus any applicable airline penalties.

☐ I understand that there are no refunds for partially used tickets or no shows.

I hereby authorize SkyBlue Travel , or its representatives, to charge my credit / debit card as above.

I hereby acknowledge charges described here on, and payment in full to be made when billed, or in extended payments, in accordance with standard policy of the credit/debit card company issuing the credit/debit ca rd mentioned above.

Name of card holder: _____ Signature of card holder: _____

Note: Please provide the front and back copies of the credit/debit card an d a copy of a government issued picture id of the card holder for proper identification. Failure to do so may result in non issuance of travel documents.