

CREDIT CARD AUTHORIZATION FORM.

I. MR/MRS/MS .-----Hereby
authorize Skywaytk.com to charge My Credit Card. Amx () Mc () Vs ()
Ds () Total Amount of \$. .(in words) -----
-----.

Credit Card No. -----exp Date. ---/---

Card Holder Name -----Security Code -----

Issued Bank Name ----- Telephone No. -----

Country In Issued --()

Card Holder Billing Address:-

Street Name & No.-----

City -----State -----

Zip Code -----Country -----

Card Holder Telephone No:-

Home. ----- Mobil -----

Work .----- anyother-----

Passenger Names:- Airline Name ()

1.-----

2.-----

3.-----

4.-----

5.-----

[] I AGREE WITH TERMS AND CONDITIONS OF SKYWAYTKT.COM

By accepting this, I acknowledge the charges described above, 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 issuance of the ticket(s) as per the respective Airline, Vacation, Hotel, Cruise etc fare rules, which are cleared to the Passenger/card Holder prior to issuance for the ticket(s).

Note: Identification is required. Please Provide a photocopy of the Credit Card (front&back side) and the Drivers License of the Card Holder for Verification.

In case of Third Pary payment we would request you to ensure that all the documents reach us within 24 hours from the time of the transection. in case we do not hear from you within 48hours.your booking will be auto-cancelled and a cancellation fee (Non-refundable)will be deducted from your card in lieu of my crdit card imprint, By signing below, I acknowledge the charges described above.payment in full to be made when billed.

I would like to authorize the purchase of services and Airline Ticket (s) from Skywaytk.com,using this Credit Card Authorization Form.I agree that i will payfor this purchase and indemnify and hold Skywaytk.com harmless against any liability pursuant to this authorization.I understand that my signature on this form will serve as authorized signature on the credit card charge slip.

plese print this page, fill in all required information above, and email to Flyskyway1@Gmail.com

Ps: Kindly inspect your tickets and notify us immediately if you find any error.
===Success without honesty is a failure, profit without integrity is a loss.===

Signature. _____ Date. _____

Name. _____