

SOUND TRAVEL INC

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Email: info@soundtravelinc.com

CREDIT CARD AUTHORIZATION FORM (Direct Client)

In Lieu of my credit card imprint, I _____

NAME OF CARDHOLDER AS SHOWN ON CREDIT CARD

Hereby authorize **SOUND TRAVEL INC.** To utilize an amount of _____
AMOUNT

From my **American Express / Visa / MasterCard /**

CREDIT CARD NUMBER

3 DIGIT SECURITY CODE

EXPIRY DATE

For transportation for myself and / or

_____ for an itinerary as

NAME(S) OF PASSENGER(S) OTHER THAN CARDHOLDER

Follows: _____. My billing address for this

Card is _____

Home Phone # _____ Business Phone # _____

IMPORTANT NOTE: Please fill out the above information and send along with a copy of front and back credit card and any photo identification by fax or email.

By signing below, I acknowledge full liability for the 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 & ALL INFORMATION MUST BE TRUE AND CORRECT IN ORDER FOR THE TICKET ISSUANCE TO BE COMPLETED