

MANN INTERNATIONAL TRAVEL & TOURS

2427 90B Street SW,Edmonton, AB.T6X1V8.Tel: 7807390104 OR 18449996222, Fax: 7807390109. Email: ticketing@manninternational travel.com. We b. www.manninternatio an ltravel.com. We b. www.manninternational travel.com. We be a second travel.com

AUTHORIZATION FOR CREDIT CARD USE		
Credit Card Number:	Expiry Date:	CVV:
Issuing Bank:	Telephone No.:	
Full name of Credit Card Holder: ——		
Billing Address of Credit Card Holder:		
	(B):	
Name of Passenger(s) :- Pass	senger One:	-
Passenger Two:	Passenger Three:	·
	Confirmation signature	() ()
PLEAS	E READ CAREFULLY BEFORE SI	<u>GNING</u>
I give full authorization to M	IANN INTERNATIONAL TRAVEL & 1	TOURS (airline tickets/
transfers/ tours/ packages/ hote	els),(Travel Agent) and (Airline/ Hotel,	/ Tour/ Transfer) to charge the
above-mentioned amount on m	y credit card as identified above and	shall not decline, reject or
challenge such amount charged	on my credit card for the purpose of	paying for airline tickets
/transfers /tours /packages/hote	els/ service fees for the passengers id	entified above. I also declare
that I'm aware that some restric	tions may apply to the tickets purcha	sed by this transaction and
that I am satisfied that such rest	rictions have been explained to me.	
I have been informed of the	cancellation policies for our travel ser	rvices and have been made
	rotection. At this time, I have decided	
travel insurance at this time.	Totalion the end time, that acoust	a to recept / Decime
/	c- 100	
Card Holder's Signature:	15/14	
On Date:	Signed at (city):	
PLEASE ATTACH PHOTOCOPY	OF CREDIT CARD (front and back)	AND DRIVER'S LICENCE

PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE. NO EXCEPTIONS. Authorization for CREDIT CARD USE Please send Email of documentation to :

ticketing@manninternationaltravel.com