Nanak Flights 7990 Kennedy Rd South Brampton L6W 0B3

Tel: 905-456-9977 Fax:905-456-9966



Credit Card Authorization Form

I	(name as appea	rs on the credit card)	
	lights to charge a total amount of		
from my Master Card / Ar	nerican Express / Visa (please c	ircle)	
Card Number	rd Number Expiry Date		
for travel for myself and/o	r (names of other passenger(s) o	or family members, if any)	
For an itinerary as follows	:		
· ·	To		
My billing address for this	s card is:		
Home Phone #	Business #	Mobile #	
* *	1 1	of my same credit card (front and back) and a ort) which will be faxed herewith.	
	wledge full liability for the charg with the standard policy of the co	ge described herein. Payment is to be made i ompany issuing the card.	
Signature	Date		
This form must be completed.	ted in full and all information m	ust be true and correct in order for the ticket	

Please complete this form and fax it to: 905-456-9966 attention Mr Arvind Chawla