



MyDreamFlight
3845 COVENTRY PARK LN
DULUTH GA 30096-2420
Tel: 6176004641
Fax: 6178450397
www.mydreamflight.com

AUTHORIZATION FOR CREDIT CARD USE

Credit card Number: _____ Expiration Date: _____

Issuing Bank: _____ Card Type: _____

Bank Phone Number: _____

CC Holder Name: _____

CC Billing Address: _____

Phone Number (H): _____ (B): _____

Name of Passenger(s): _____

Amount charged: Per adult _____ Per child _____ Per infant _____

Authorized charge amount in USD (total): _____

PLEASE READ CAREFULLY BEFORE SIGNING

I give full authorization to MyDreamFlight Travel Agency and their ticketing agent name _____

and (Airline) _____ to charge the above mentioned amount on my 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 air tickets for the passengers identified above.

I also declare that I am aware that some restrictions may apply to the tickets purchased by this transaction and that I am satisfied that such restrictions have been explained to me.

Paper ticket fees: Paper ticket fee charges for tickets will be charged as per carrier rules otherwise electronic ticket will be issued.

Payment terms: Tickets will only be issued upon receipt of payment.

Cancellation policy: Penalties and refunds vary per airline. Please call us or check our website for all cancellation policies.

Card Holder's signature: _____

Signed at city: _____ on Date: _____

PLEASE ATTACH PHOTOCOPY OF CREDIT CARD (front and back) AND DRIVER'S LICENCE; PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE. NO EXCEPTIONS.

Special requests: Asian Veg. Meal Hindu NonVeg Meal Other Meal _____

Seat assignments / Any other special request: _____

Frequent Flyer / Skyteam / Star Alliance partner code: _____

Mailing address to send invoice and tickets: _____

Thank you for your business with MyDreamFlight.

FAX NUMBER: 6178450397

REGISTERED OFFICE: 3845 COVENTRY PARK LN, DULUTH GA 30096-2420
TEL: 617-600-4641 , 312-265-8249 FAX: 617-845-0397