



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

## CHECK PAYMENT FORM

Account Number: \_\_\_\_\_

Check Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Account Billing Address: \_\_\_\_\_

Phone Number (H): \_\_\_\_\_ (B): \_\_\_\_\_

Name of Passenger(s): \_\_\_\_\_

Amount charged: Per adult \_\_\_\_\_ Per child \_\_\_\_\_ Per infant \_\_\_\_\_

Authorized payment 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 encash the check for the above mentioned amount as identified above and shall not decline, reject or challenge such amount debited from my account for the purpose of paying for air tickets for the passengers identified above.

I understand that a penalty of USD 50/- applies in case the check is not honored by my bank due to any reason and the ticket may be cancelled (additional cancellation fee applies as per the airline rules) by MyDreamFlight for such non-payment.

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.**

Account Holder's signature: \_\_\_\_\_

Signed at city: \_\_\_\_\_ on Date: \_\_\_\_\_

**PLEASE ATTACH PHOTOCOPY OF ACCOUNT HOLDERS DRIVER'S LICENCE; PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE. NO EXCEPTIONS.**

**Special requests:**  Asian Veg. Meal  Hindu Nonveg Meal  Other Meal \_\_\_\_\_

**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