

CREDIT CARD CHARGE FORM

Keep a copy of this document for your record



Airline Code:	Ticket Number:
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Passenger Name:

Agency Name: 5 Stars Travel Legou Inc.
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IATA Code:

Payment Details

1. Visa <input type="checkbox"/>	2. MasterCard <input type="checkbox"/>	3. American Express <input type="checkbox"/>
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Credit Card Number:	Expiry date(MMY):
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Authorized Amount CAD:

I acknowledge receipt of ticket(s) and/or purchase of transportation related services and/or goods for the charges described hereon. I am aware of applicable restrictions and/or penalties associated with this purchase.

Cardholder Name:

Signature

Date(DDMMYYYY):

Please put your credit card in this place

Please fax to 416-291-7618 or E-mail back to us