



FLYMAP
LET'S TRAVEL!

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Credit Card Authorization

Sign and complete this form to authorize FLYMAP INC. to make a one-time debit to your credit card listed below.

By signing this form, you give FLYMAP INC. permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize FLYMAP INC. to charge my credit card indicated below for (amount in CAD) _____ on or after (date) _____.

This payment is for your Airline ticket(s).

Complete Billing Address _____

Phone# _____

Email _____

Card Type: Visa MasterCard AMEX Discover Other

Cardholder Name: _____

Card Number: _____

Expiration Date (mm/yyyy): _____

SIGNATURE _____

DATE _____

I authorize the flymap inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.