

# ALHABIB TRAVEL

## Authorization for Credit Card Use

Credit Card No.

				-					-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--	---	--	--	--	--

Expiry Date

		-		
--	--	---	--	--

Issuing Bank: \_\_\_\_\_ Bank Phone # \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Complete Billing Address \_\_\_\_\_

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_

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

Authorized Charge amount in Canadian \$

					.		
--	--	--	--	--	---	--	--

Amount in words \_\_\_\_\_

### **Please read carefully**

I gave complete authorization to ALHABIB Travel (Ticket Issuer) and \_\_\_\_\_ (Airline) to charge the above mentioned amount to my credit card as indicated above and shall not decline, reject or challenge such amount charged for the purpose of paying air tickets and other services for the passengers indicated 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. I also agree to pay the above mentioned amount to Saddaqaat Travel by an alternative method in case the transaction is declined or disputed because of any reason.

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Signed at (City, Province, Country)

\_\_\_\_\_  
Date

**Note:** Please attach photocopy of Credit Card and Driving License, front and back sides. Photocopies must be legible for acceptance.

2860 Denison Street, Markham, ON L3S4T6

Email: [info@alhabib.ca](mailto:info@alhabib.ca) | T: 905-554-7786 | F: 905-554-5888