

Card Authorization Form

Credit/Debit Card Type: () Visa () MasterCard () American Express () Discover Card

Credit/Debit Card #:	XXXX-XXXX-XXXX-____	Expiry Date:	
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*Last 3 digits on the back of card for Visa or MasterCard. For American Express the four numbers on the front of the card above the card number.

Bank Name/ Issuing Bank:		Issuing Bank Tel. #:	
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Cardholder Details:

First Name:		Last Name:	
Address:		Suite/Apt:	
City:		Zip:	
		State:	

Passenger Information:

Last Name:	First Name:	Date of Travel:	Ticket Amount (USD):	Reservation Code (PNR):	Relationship to Cardholder:

I _____, hereby authorize Cayman Airways Limited to process the payment for the amount of \$ _____ (USD/KYD) for the above passengers issued using reservation code (PNR) _____.

By signing this form, I acknowledge the purchase of airline tickets against the PNR reference noted and/or coupons for related charges described above and I am aware of applicable restrictions and/or penalties.

Note: Requirement for card payment verification

1. Copy of Cardholder’s Passport, Driver’s License or Military ID
2. Completed Card Authorization Form emailed to Verify@caymanairways.net or returned to Cayman Airways Limited Headquarters.

Signature of Cardholder _____ Date: _____ Contact #: _____

I authorize the Cayman Airways Limited 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.

