

Payment Authorization Form

www.skypathtravel.com | payment@skypathtravel.com | [1-866-759-4144](tel:1-866-759-4144)



CARDHOLDER INFORMATION

FULL NAME (AS ON CARD): _____

EMAIL ADDRESS: _____

PASSENGER'S PHONE NUMBER: _____

CITY/ STATE: _____ ZIP CODE/ POST CODE: _____

CREDIT CARD INFORMATION

CARD TYPE: Visa MasterCard American Express

CARD NUMBER: _____

EXPIRY DATE (MM/YY) : ____ / ____ SECURITY CODE (CVV): _____

BILLING ADDRESS

ADDRESS 1: _____

ADDRESS 2: _____

STATE/ PROVINCE: _____ ZIP CODE / POST CODE: _____

ALTERNATIVE PAYMENT METHOD

ZELLE PAYMENT PHONE NUMBER: [503-860-5111](tel:503-860-5111)

AUTHORIZATION

AUTHORIZED AMOUNT (USD): \$ _____

I authorize Skypath Travel to process the payment as detailed above. I confirm that I have reviewed and agreed to all applicable terms, conditions, and cancellation policies.

CARDHOLDER SIGNATURE: _____

DATE: ____ / ____ / ____