



Please use this form to provide us with the following information:

Name as it appears on the credit card
Credit cardholder – billing address
Credit Card Number
Signature of card holder

In addition, we will need you to send:
A clear photo copy of credit card, front and back
A clear photo copy of your government issued photo ID

Please sign this form authorizing fly for good to charge the credit card listed below for the airline tickets you would like to purchase.

If you notice any discrepancies, please notify us without delay. Thank you.

Name of Passenger(s):	Name of credit card holder as it appears on card:
Locator/Confirmation #:	Billing Address:
Dates of Travel:	Credit Card Number:
Destination:	Expiration Date:
Total: \$	3 or 4 Digit Security Code:
Tickets are non-refundable. No cash refunds	

X

Signature

Date

Fax this signed form, a copy of the front and back of the credit card and your government issued photo ID to: Staff @ fly for good. Fax number 952.886.7680 or toll free 800-599-2933.

511 E Travelers Trail
Burnsville, MN 55337
952.886.7678
877.359.4466