Credit / Debit Card Authorization Agreement

To verify a credit/debit card or a	apply for a limit increase, please complete the agreement below:
Please complete and send to:	skyverify@skybook.ag
Important: You must include t	he following information:
A legible photocopy of your pi	icture ID (e.g. Drivers License or Passport).
A legible photocopy of the fro	nt of your credit card.
A legible photocopy of the bac	ck of your credit card with the proper signature.
A legible copy of an utility bill	or bank statement showing your name and address on file.
	59-2665 after sending the documentation to confirm it was successfully received dated agreement, along with the additional information requested, I am edging the following:
	er and will honor all purchases/charges initiated by me to my account whether ternet and agree to all purchases/charges made by Skybook.
I am of age of majority (18 year	ars or older depending on your jurisdiction)
I have read and accepted the	terms of use as listed elsewhere on this website
Customer Account Id: Full Name: Phone: Email: Card Number:	
Card Expiration Date: Issuing Bank Name:	(Month/ Year)
Issuing Bank Phone:	Toll free # on back of card
Signature	