CREDIT CARD AUTHORIZATION FORM

NAME(s) _____

_____

_____

ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

PHONE NUMBER _____

FAX NUMBER _____

E MAIL ADDRESS _____

CARD TYPE _____ EXPIRATION DATE ____ /____

CARD NUMBER _____

3 or 4 DIGIT SECURITY CODE _____

CHARGE AMOUNT _____

I acknowledge that the information above is correct. I, _____, authorize _____ to charge my credit card in the amount noted on this form for my travel arrangements. I fully understand the cancellation penalties and have been advised of the cost of travel protection insurance.

_____ _____

Signature of Cardholder Date