



## Credit Card Authorization

PLEASE EMAIL BACK COMPLETED FORM TO: [info@greattravelfares.com](mailto:info@greattravelfares.com)

In order to process your airline tickets and/or the land arrangements, kindly take a moment to fill out the information below. Please include all applicable sections.

Passenger Name(s): \_\_\_\_\_

Passenger Name(s): \_\_\_\_\_

Passenger Name(s): \_\_\_\_\_

Passenger Name(s): \_\_\_\_\_

File/PNR/Booking Reference: \_\_\_\_\_

Credit Card Type (Circle one): AMEX | VISA | MasterCard

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ CVV (Security Code) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Total Amount to be charged in Canadian Dollars (Please PRINT):

\_\_\_\_\_

### PLEASE READ CAREFULLY BEFORE SIGNING

I hereby give full authorization to Great Travel Fares, (Travel Agent) or their Consolidator or Airlines/ Tour operator (supplier) to charge the above-mentioned amount on my credit card as identified above. I further understand that unless advised, in writing, to the contrary, these tickets and services are non-refundable and that any changes to the ticket(s) and/or services will result in a change fee as determined by the individual Airline, Hotel or other suppliers, whom directly or indirectly provide products or services for this transaction.

Note: "Great Travel Fares" or Consolidator or Airline you are flying with will bill above-mentioned amount(s).

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**Please enclose the photocopy of the front and back of your credit card  
AND DRIVERS LICENSE TO [info@greattravelfares.com](mailto:info@greattravelfares.com)**

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