Credit Card Authorization

PLEASE EMAIL BACK COMPLETED FORM TO: 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

Tel# (905) 270-4111