

### CREDIT AUTHORIZATION

Credit Card Number ..... Exp Date : .....

**Security Code** - - - (last 3 digits on back side of the credit card) ( **Mandatory** )

Type of Card ; ..... Issuing Bank Name .....

Card Holder's Name .....  
First Name Middle Last Name

Billing Address; .....  
Street Number & street Name Apt #

City; ..... Prov/State ..... Postal Cod: ..... Country. ....

Tel ..... Work; ..... Cel: .....

Paying for  
Passenger (s) .....

Itinerary .....

Authorized Charge Amount; .....

#### PLEASE READ CAREFULLY

I, hereby the above information is true; and I give full authorization to ATLAS TRAVEL to charge the above mentioned amount on my credit card. **I shall not DECLINED, REJECT OR CHALLENGE the amount charged on my credit card for the above mentioned transaction.**

**PLEASE ATTACHÉ PHOTO COPY OF CREDIT CARD & CARD HOLDER'S DRIVING LICENSE (FRONT AND BACK) ,** Fax us at 416-222-8094 or Scan and e-mail us at agent@atlas.travel

Card Holder's signature: .....

Comment .....