

CREDIT CARD AUTHORIZATION FORM

Booking Reference:

Credit Card Number Exp Date:

Security Code - - - (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

Credit Card Billing Address;
Street Number & street Name Apt #

City; Prov/State Postal Cod: Country.

Tel: Cell; Work:

Paying for :

Passenger (s)

Itinerary:

Travel Insurance Charge: \$.; Denied ☐

Total Authorized Charge Amount;

PLEASE READ CAREFULLY

I, hereby the above information is true; and I give full authorization to ATLAS TRAVEL & HOLIDAYS Inc 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 transaction. Please fill out this form, sign and e-mail us with a scan copy of your Credit Card (front & Back) and Card Holder's Driver License to agent@atlas.travel or fax us at 416-222-9084.

Card Holder's signature:

Comment

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