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CREDIT CARD AUTHORIZATION FORM

Booking Reference:

Credit Card NumberExp Date :

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

Type of Card ; Issuing Bank Name Country of Issue

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

Credit Card Billing Address;
Street Number Street Name Apt #

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

Credit Card Holder, Tel: (Home)..... (Work); (Cel):

Paying for Passenger (s) Name

.....

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, 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: **Date**

Comment