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| --- | --- |
| Hard Drive 1:Users:tpmdev3:Documents:workspace:travego:docs_no_upload:logo.png |  |
| 6075 Yonge St., 2nd Floor,  Toronto , Ontario, M2M 3W2 Canada agent@atlas.travel | Phone : (1) 416-222-0717 Toll Free : 1-877-600-5454 Fax: 416-222-9084 |

**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 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Atlas Travel & Holidays Inc**, 6075 Yonge St, 2ed Floor, Toronto Ontario, M2M3W2, Canada

Phone: 1 416 222 0717 fax: 416 222 9084

Toll Free: 1 877 600 5454 [**www.atlas.travel**](http://www.atlas.travel) email: [agent@atlas.travel](mailto:agent@atlas.travel)

 [](http://www.tico.ca/)  

