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**CREDIT CARD AUTHORIZATION FORM**

Booking Reference: .....

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 .....

**Travel Insurance:** \$ . . . . . Trip cancellation  . . . . Emergency Medical.  . . . . All Inclusive .  . . . **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 mentioned transaction.**

Please fill out this form, and e-mail us with scan copy of Credit Card (front & Back) and Card Holder's Driver License at [agent@atlas.travel](mailto:agent@atlas.travel) or fax us at 416-222-9084.

**Card Holder's signature:** ..... Date .....

Comment .....