

# WHITE HORSE TRAVEL LIMITED

2250 MIDLAND ROAD, UNIT 19, SCARBOROUGH ONT, M1P-4R9 PH: 416-690-6996 Fax: 416-690-9451

Once you have completed this credit card authorization form, please fax/or email the signed copies back to White Horse Travel Limited. Your reservation cannot be completed until this signed document is on file. This credit card policy aims to protect you, our valued client, from costly cancellation penalties & from any fraudulent use of your card by persons other than the bona fide cardholder.

This process helps us ensure that all our clients are fully informed & fully protected. We thank you very much for your co-operation & good will.

## **CREDIT CARD AUTHORIZATION FORM-ONE TIME CHARGE ONLY**

This is to authorize White Horse Travel Limited /Participating consolidator/ Tour operator/ Airline to bill my credit card (**one time only**) for the following charges.

PASSENGER(S):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

ITENERARY: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXP \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_ CVV \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

I, \_\_\_\_\_ (name) do hereby accept full responsibility for the above charges.

TEL NO: (RES) \_\_\_\_\_ (BUS) \_\_\_\_\_

BILLING ADDRESS:  
\_\_\_\_\_

Signature of card holder: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax a copy of the credit card (both sides) and photo ID

FAX 416-690-9451

Email [info@whitehorsetravels.com](mailto:info@whitehorsetravels.com)

[www.whitehorsetravels.com](http://www.whitehorsetravels.com)