



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 or email a copy of the credit card (both sides) and photo ID

FAX 416-690-9451, Email info@whitehorsetravels.com | www.whitehorsetravels.com