

Credit Card Authorization Form

I hereby authorize Mondo Adventure Travel Inc./Personal Travel Management Ltd. and or any of its agents/airlines or wholesalers to charge the amount listed below on my credit card.

I will not decline, reject or challenge the amount charged on credit card which is for the purpose of paying for services arranged by the company above. I am also aware that some penalties or restrictions may apply to the services purchased by this transaction of which are listed below.

Name of Passenger(s): As it appears on your pasport. Last Name/First Name.	1)	2)
	3)	4)
Services for:		
Credit Card Holder Name:		
Credit Card Billing Address:		
Phone Number:	(H):	(B):
Authorized charge amount(s):	USD \$	CAD\$
Credit Card Number:	Expiration Date:	
Security Code:	Three digit code on the signature line (back) of your card or front of the card with Amex:	
Issuing Bank:		
Cancellation Penalty:		
Would you like to purchase either trip cancellation/medical or deluxe package insurance?	Yes/No	If yes, which insurance:
Card Holder (s) Signature		
Signed at (city) :	on (Date) : (yyyy:mm:dd)	

Please scan or email this document to:

- reservations@mondoadventuretravel.com

or fax it to:

- 604 638 6087

Thank you for booking with Mondo Adventure Travel!

