CREDIT CARD/INSURANCE CHARGE AUTHORIZATION FORM

This form to be completed by passengers paying by Credit Card.

Please note that only VISA and MASTERCARD are accepted for making payments.

A 3% service charge applies to all credit card payments.

Name of passenger(s	s):							
Trip Destination:								
Amount to be charge	ed:							
Name on credit card	:							
Credit card number:					Expiry:			
THE FOLLOWI				QUIRED FROM		ENGERS	WHO ARE	
Do you require insur your deviation/exter	YES ()	NO	()			
Home address:								
Date of birth:								
Telephone nos.	(Home)			(Bus.)			
Email:								
Signature:	Date:							

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM. Services requested will only be confirmed on receipt of full payment.

PLEASE RETURN IT BY FAX TO:

TOURINGHOUSE INC.

876 MONTREAL ROAD, SUITE 201, OTTAWA, ONTARIO, K1K 4L3 Tel. 613-741-2942 / Fax 613-741-2392

Email: travel@touringhouse.com