



Once you have completed this credit card authorization form, please fax/or email the signed copies back to Gala Travels . 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

This is to authorize GALA TRAVELS INC. to bill my credit card for the following charges.

PASSENGER(S): 1) _____ 2) _____
3) _____ 4) _____
5) _____ 6) _____

ITENERARY: _____

CREDIT CARD NUMBER: _____ EXP _____

TOTAL AMOUNT: _____

Name as it appears on the card: _____

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

TEL NO: (RES) _____ (OFF) _____

BILLING ADDRESS: _____

Signature of card holder: _____ Date: _____

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

