



CREDIT CARD AUTHORIZATION FORM

This form is used to prevent credit card fraud. It is our protection as well as yours. Your card holder information is protected and will not be sold or otherwise shared. Please print this form complete it then mail or fax to our office (our fax number is 416-484 6963)

PASSENGER:

In place of Credit card imprint, I -----/hereby authorize SUNSPOTS HOLIDAYS/CAMPBELL TRAVEL LTD and its agents to Charge my Credit card account number listed below for my Air travel arrangements. Should I cancel any portion of the trip, I understand that cancellation penalties and administrative charges involved.

Or AGENCY

I ----- (your name) of ----- (agency Name) do hereby authorize to use below mentioned credit card for the purchase of air travel for our client through SUNSPOTS HOLIDAYS/CAMPBELL TRAVEL LTD as a consolidator/tour operator, in an event client declined or cancel the charges our agency will responsible for the amount authorized and we will provide you the signed copies of UCCC form if it is necessary and we have those documents in our files. We will be fully responsible for the payment , and this authorization will also waive and indemnify SUNSPOTS HOLIDAYS/CAMPBELL TRAVEL LTD from any harm or occurrence from the above referenced charge back.

CREDIT CARD TYPE: _____

CARD NO: _____ EXPIRY DATE: (print) _____

CARD HOLDERS NAME: _____

CARD HOLDER SIGNATURE _____

PERSON TRAVELING _____ AMOUNT AUTHORIZED: _____

AGENCY NAME: _____

AGENT _____ SIGNATURE _____

SUNSPOTS HOLIDAYS LOCATOR _____ SUNSPOTS HOLIDAYS AGENT: _____

AGENCY Stamp:

Date: