Select Holidays Credit Card Authorization

**For your protection, each time you authorize us to charge an amount to your credit card, we require you to complete and sign this form indicating your approval to debit your card with the amount authorized. This way any errors in charges made can be easily rectified.**

**PLEASE NOTE: In some cases, your payments may be split between the Suppliers and Select Holidays. These are not duplicate charges, but rather, they will total the amount authorized below. If for any reason these charges exceed the total amount on your Confirmation from Select Holidays, please call us immediately.**

**Please be advised that this signed original credit card authorization form must be received by us in order to release your travel documents.**

**I hereby authorize Select Holidays to make charges for the following:**

|  |  |  |
| --- | --- | --- |
| **SUPPLIER** | **AMOUNT** | **CAD/USD/OTHER** |
| **1.** | **1.** | **1.** |
| **2.** | **2.** | **2.** |
| **3.** | **3.** | **3.** |
| **4.** | **4.** | **4.** |

 **Total in US Dollars: $ Total in CAD Dollars: $ \_\_\_\_\_\_\_\_\_\_ Total Other: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CARDHOLDER’S NAME:

CARDHOLDER’S ADDRESS:

CITY: PROVINCE/STATE: POSTAL CODE/ZIP:

EMAIL:

CARDHOLDER’S SIGNATURE
DATE

**YES \_\_\_\_\_ NO \_\_\_\_ I (We) authorize Select Holidays to use the Credit Card above for any additional deposits and/or final payments.**

**No other persons are authorized to make charges on said card without my express authorization. I agree to immediately notify Select Holidays of any changes to the above information.**

 **Travel Date:**

|  |
| --- |
| **CREDIT CARD INFORMATION: Visa \_\_\_\_\_\_\_ MC \_\_\_\_\_\_\_ AMEX \_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Exact Name as it appears on the Card:**  |
| **Credit Card Number:\_\_\_\_\_\_\_\_****Expiry Date: Month Year SEC #** |

**Toll Free: 1-800-661-4326 PH: (403) 227-4345 FX: (403) 227-1717**

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