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AUTHORIZATION FOR USE OF CREDIT CARD

Attention _____ Re: Client _____ Date _____

I _____ of _____
_____ authorize

Universal Travel Inc. to apply the amount of \$ _____ to my clients credit card.

Toward the charges described below and confirm the clients/card holder's authorization to make these charges. I confirm that we have the client's signature on file for this purpose.

Services _____ Amount _____

In the event of dispute the Agency name below guarantee payment & accept full responsibility.

CC Number _____

Authorizing signature (Manager/Owner) Name as appears on credit card

Name & Title Card Type/ # / expiry date

Agency Name & Address Clients billing address

Agency telephone # Clients telephone #

Universal Travel Inc. WILL OBTAIN CREDITCARD APPROVAL

IMPORTANT NOTICE: Credit Card refund policy- In event of cancellation, refund cannot be credited return of initial commission cheque and the cancellation fee applicable, which can only be by cheque and not processed on the credit card.

CREDIT CARD PAYMENT PROCEDURES:

1. UCC form with cardholders card imprint and signature to be submitted
2. If the above is not available e.g. SOF, this form must be completed.
3. Third party: If the cardholder is not PAX, We must have UCC form with cardholder's card imprint and signature and photocopy of Drivers License