



# VACANCES SINORAMA INC

## 华景假期

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🌐 : www.vacancesinorama.com

☎ : 514-866-0888

📠 : 514-866-1866

✉ : ticketsinorama@bellnet.ca

### CREDIT CARD CHARGE AUTHORIZATION FORM

I, the said Participant and Purchaser, authorizes VACANCES SINORAMA INC., a travel agency on behalf of or through instructions to my travel agent or representative, to apply charges to the following credit card. The charge is for the purchase of travel or any travel-related services, for me (the undersigned) and for the following named persons indicated below. In the event of any dispute arising from or charge back from my credit card, I shall be fully and solely responsible for the settlement of payment. VACANCES SINORAMA INC. shall not be held liable in any manner. All the disputed and charge back amounts must be paid back to VACANCES SINORAMA INC. timely. This authorization also serves as a waiver and release of claims against VACANCES SINORAMA INC from any liability and indemnification.

**IMPRTANT NOTE:** VACANCES SINORAMA INC. can only accept credit card payments for the passengers who is traveling and their immediate family member (with the same last name only)

Check correct card:                    [    ] MASTER                    [    ] VISA                    [    ] AMEX

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_                    VID: \_\_\_\_\_ (3 digit numbers on the back)

Please attach a copy of the front and back of your credit card and identification card with picture (this is you own protection)

NAME OF PERSONS WHO ARE TRAVELING FOR WHOM I AM RESPONSIBLE FOR PAYMENT ON MY CREDIT CARD  
AUTHORIZED AMOUNT:

1. \_\_\_\_\_                    2. \_\_\_\_\_

3. \_\_\_\_\_                    4. \_\_\_\_\_

Print Cardholder name: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If airline tickets have been issued at time of cancellation ( regardless of #days prior to departure ) an additional airline cancellation fee and service charge will be assessed

X \_\_\_\_\_

Signature of Cardholder (as it appears on credit card)

Authorized Amount

Note: Final documents will no be released unless VACANCES SINORAMA INC. receives all signed credit card authorization forms. NO EXCEPTIONS WILL BE MADE