

# Jarvis Group Travel LTD

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## CREDIT CARD AUTHORIZATION FORM

**Name: (as shown on card)** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Credit Card Type: (Amex, M/C, Visa, Discover)**

**Credit Card Number:** \_\_\_\_\_

**Security number:** \_\_\_\_\_

**(Visa & Master Card 3 numbers on back of card, AX 4 numbers on top front)**

**Expiry Date:** \_\_\_\_\_

**Amount Authorised: \$** \_\_\_\_\_

I, hereby authorize Jarvis Group Travel LTD. Or their suppliers, to charge my credit card for the above and any other travel transactions requested by me, for the amount noted, and state that I am the owner of the said card. I further agree to pay any additional surcharges imposed by government authority, airlines, hotels or other travel supplier.(payment in full at time of deposit eliminates all surcharges.) I also understand that I will be charged cancellation fees up to the amount I have paid if: I cancel my trip, do not have proper travel documents, and/or identification papers or do not take my trip for any other reason.

**\*\*\*TRAVEL INSURANCE IS HIGHLY RECOMMENDED\*\*\***

I also authorize travel insurance in the amount of \$ to be billed to my credit card. If no amount related, I confirm that I have declined the purchase of travel insurance.

**Signed:** \_\_\_\_\_

**Date** \_\_\_\_\_

**ONCE COMPLETED, PLEASE FAX THIS FORM TO 403-291-1502 ATTN: Jarvis or Lesley**