

CREDIT AUTHORIZATION

Tripology
552 Northmount drive N.W.
Calgary, AB T2K3J2

Attn: _____

Fax to the number you were given.

Please Fax to: Our Main Office **(403) 289-9400**

Unless instructed differently, please fax the following items:

- (1) THIS AUTHORIZATION FORM**
- (2) PHOTOCOPY OF CREDIT CARD (BOTH SIDES) and**
- (3) PHOTOCOPY OF DRIVER'S LICENSE OR PASSPORT**

Please include your six-digit reference code: _____

Fill in CREDIT CARD TYPE:

Visa Master Card American Express Discover Card

Card Holder's Name: _____

Credit Card Number: _____ (Print Clearly)

CVC Number: _____ (last 3-4 digits of number on back of card)

Expiration Date: _____/_____/_____

Bank Phone (see back of card): _____

Billing Address where you receive credit card statements:

Card Holder Phone: _____

Card Holder Work Phone: _____

Mobile Phone: _____

I, the card holder, _____ have read and understand the terms and conditions of Tripology and agree to them completely I authorize Travel Support Center or its affiliated ticketing agency to charge in full the amount of \$ _____ for travel related services for the following passenger(s):

Sign below that you agree to the conditions on this form.

CARD HOLDER SINGATURE: _____

DATE: _____

Shipping Address for paper tickets or e-ticket receipts, if mailed:

