



BY FAX

CREDIT CARD AUTHORIZATION FORM

I, THE UNDERSIGNED, AUTHORIZE TRAILFINDERS TO CHARGE MY CREDIT CARD FOR PAYMENT FOR TRAVEL PRODUCTS OR SERVICES ACCORDING TO THE INFORMATION SHOWN BELOW.

TYPE OF PURCHASE AIR OR TRAIN TICKET
 TOUR
 CRUISE
 TRAVEL INSURANCE
 OTHER _____

TYPE OF CARD VISA
 MASTERCARD
 AMERICAN EXPRESS
 DINERS CLUB

NAME ON CARD

CREDIT CARD NUMBER

EXPIRY DATE

AUTHORIZED AMOUNT
 Canadian Dollars US Dollars

DATE

SIGNATURE

AFTER COMPLETING THE FORM
PLEASE RETURN TO TRAILFINDERS
BY FAX AT 613.789.1905