

PLEASE FAX BACK TO 905-652-4766 OR SCAN AND EMAIL TO YOUR TRAVEL AGENT.

This form is to be completed and sent to 1-2-1 Travel Connections Inc.

1-2-1 Travel Connections Inc. accepts: American Express, Mastercard and Visa.

Billing Authorization:

1		authorize		
Client Name		Tour Opera	ators Name / 1-2-1 Travel	Connections Inc.
And Agent Name	EL CC		CTION	S INC.
Charge my credit card \$	HWAY 7. SUIFOR	payment of file #	BRIDGE.ON L4	L 6C1.

416-987-4327 | TOLL FREE: 1-800-626-9814 | FAX: 905-652-4766

The total amount charged must match the total amount owed on the invoice provided to you by 1-2-1 Travel Connections Inc.

Type of Credit Card (circle one)	AMEX (AX)	VISA (VI)	MASTERCARD (CA/MC)
Credit Card Number (last four digits)			
Credit Card Expiration Date			
CVC (AX: 4 digits on front VI/MC: 3 digits on back)			
Name as it appears on Credit Card			
Billing Address of Credit Card			
Telephone Number associated with Credit Card			

NO THIRD PARTY CREDIT CARDS ARE ACCEPTED

Signature of Card Holder

Client Signature

Date (DD/MM/YYYY)

OFFICE USE:

AUTHORIZATION #_____ DATE OF AUTHORIZATION: _____ Credit card address verification completed.

Date: _____ CC agent # and name: ___





3883 Highway 7, suite 211 Woodbridge ON. L4L 6C1 tel: 416-987-4327 | fax: 905-652-4766 Toll Free: 1-800-626-9814 General Email: info@1-2-1travel.net