



4950 Yonge St Suite 10  
North York, Ontario M2N 6K1  
Tel: (416) 646-0894 Fax (416) 646-0897

## CREDIT CARD AUTHORIZATION

This shall be good and sufficient authority for Majestic Tours CANADA to charge travel arrangements to my credit card as noted below:

Credit Card # \_\_\_\_\_ Expiry: \_\_\_\_\_

Total amount: \$ \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone no : \_\_\_\_\_ Fax no: \_\_\_\_\_

Travellers' names:

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

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

5. \_\_\_\_\_ 6. \_\_\_\_\_

Travel insurance has been offered: Accepted \_\_\_\_\_ Declined \_\_\_\_\_

### INSURANCE WAIVER DECLARATION

In declining to purchase travel insurance I, the undersigned, will not hold the Tour Operator responsible for any expense incurred from any sources as a result of my refusal to purchase travel insurance.

\*\*\* We highly recommend that you purchase travel insurance

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant's signature: \_\_\_\_\_

Reservation Agent: \_\_\_\_\_

**Please ensure a photocopy of the Credit Card, both front and back is attached to this form. Fax to: 416-646-0897**