

# Credit Card Authorization

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*This form must be completed in full before tickets can be issued*

**FROM (Travel Agency Name):** \_\_\_\_\_

**AGENCY IATA/ Registration #:** \_\_\_\_\_

**To:**     Huntington Travel, Mississauga, ON

This is to confirm that we are instructing Huntington Travel to issue the following ticket(s) against the credit card listed below. It is expressly understood that this amount charged does not include or constitute any additional fees related to our acceptance of credit cards as a form of payment, unless permitted by law. We further represent that the Credit Card holder stated below has authorized this transaction and that the travel agency will indemnify Huntington Travel with respect to the charges. The travel agency will be financially responsible for all rejected credit card charges when credit is denied by the issuing card Company – The Travel Agency is responsible for settlement by cash or company's cheque for any all Credit card charge backs or Airline Debit Memos as a result of a charge back. In the event of a credit card dispute, the agency named in this document, guarantees payment.

**Passenger Name** : \_\_\_\_\_

**PNR Locator** : \_\_\_\_\_ **# of Passengers:** \_\_\_\_\_

**Date of Departure** : \_\_\_\_\_  
(mm / dd / year)

**Card Holder Name** : \_\_\_\_\_

**Card Holder Tel#** : \_\_\_\_\_

**Credit Card Type** : **Visa | MasterCard | Amex** (please circle)

**Credit Card #** : \_\_\_\_\_ **Expiry** \_\_\_\_/\_\_\_\_

**Charge Amount** : **Adult \$** \_\_\_\_\_ **Child \$** \_\_\_\_\_ **Infant \$** \_\_\_\_\_

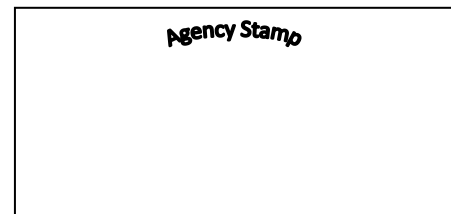
**Total Amount charged to Credit Card: \$** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
(CARD HOLDER'S BILLING ADDRESS) Street address

City Province Postal Code

Yours truly,

\_\_\_\_\_  
Owner/ Manager Signature



Important: The Travel Agency is responsible for any Huntington Travel penalties in the event of ticket refund