



TICO wholesale licence # 1947036

This form may be faxed to 416-491-5870 or emailed to nets@justnets.ca.

I, _____ (agent name) of _____ (agency name) authorize Gala Travels to apply the amount of \$ _____ to my client's credit card towards the charges described below, and confirm the client/cardholder's authorization to make these charges. I confirm that we have the client's signature on file for this purchase and understand that justnets.ca has the right to request a copy of that signature at any time.

I have either (1) attached a signed, imprinted UCC form for this charge (preferred) or (2) have verified the cardholder's signature and **I accept full responsibility** for these charges should the cardholder decline these charges at a later date.

Service purchased and record locator:

In the event of a dispute, the agency named below guarantees payment:

Agency Authorization Signature

Title

Date

Client Name as on credit card

Card type and Expiration

Card Number

Agency Name and Address <i>Agency stamp or write</i>

Agency Phone Number

Agency Fax Number

Client Billing Address <i>Needed by credit card company</i>

Client Street Address

City

Province
Postal Code

Client Phone Number
