



Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Sinorama Holidays Inc.

## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize Sinorama Holidays Inc. to charge my credit card account in the amount of USD\$\_\_\_\_\_ for one/more of the following options for my trip departing on \_\_\_\_\_ (yyyy/mm/dd):

- |   |  |
|---|--|
| 1. <input type="checkbox"/> deposit       | 2. <input type="checkbox"/> balance charge <input type="checkbox"/> on receiving date<br><input type="checkbox"/> on specific date _____ |
| 3. <input type="checkbox"/> total payment | 4. <input type="checkbox"/> extra fee for cabin upgrade of cruise (if applicable)  |
| 5. <input type="checkbox"/> postal fee    | 6. <input type="checkbox"/> others (please specify): _____   |

Select Credit Card Type: MASTERCARD: \_\_\_\_\_ VISA: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

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

City-State-Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email/Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

I acknowledge that I have authorized the above charges and that I have reviewed payment and cancellation policies applicable to my trip.

Cardholder Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## INSTRUCTIONS

1. Complete the form and type all billing information in the blanks above.
2. Print the entire form and sign with the credit cardholder's signature on the line indicated.
3. FAX (905-513-1316) or scan and email the completed form to [info@sinoramaholidays.com](mailto:info@sinoramaholidays.com) to complete your order.

Booking Agent: \_\_\_\_\_

Date: \_\_\_\_\_