



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 CAD\$_____ 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 90 days before departure date
<input type="checkbox"/> on receiving 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-Province-Country: _____

Postal 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 indicated.
3. FAX (905-513-1316) or scan and email the completed form to info@sinoramaholidays.com to complete your order.

Booking Agent: _____

Date: _____