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Credit Card Authorization Form – to be completed within 24 hours of your reservation/booking

I, _____ (please print name)
authorize **CTC Travel Group** to charge the amount of \$ _____ for the following:

SERVICES:

Vacation Package: deposit _____ Vacation Package final payment: _____

Travel Insurance final payment: _____ Car Rental: _____

Airline / rail tickets: _____ Tour package: _____ Hotel reservation: _____

Other (please specify) _____

To be charged to the following credit card:

_____ Visa, _____ MasterCard, _____ Amex, _____ Other (please specify) _____
Card # _____ expiry date: _____ / _____ (MMM/YY)

Security code _____ (To be given to your consultant over the phone **ONLY – please call in after sending to financials@byota.com**)

Name on card: _____ (please print)

Cardholder Signature: _____

Date: _____

Billing Address: _____

City: _____ Province/ State _____

Postal Code/ ZIP code: _____

Telephone: _____ Fax: _____ Your

e-mail: _____

Solution Provider's Name (handling your file): _____

By authorizing this charge, I acknowledge that I have read and accepted the Terms and Conditions and cancellation policies and agree not to dispute or attempt to chargeback any of the above signed for and acknowledged charges.

I/we have attached a legible copy of the back and front of the card to be used in lieu of a credit card imprint (if consultant has not viewed the card) **If the charge detailed above is over \$5000** I/we have also attached legible copy of photo ID.

For group reservations please also attach your personalized reservation form.

*Your information is protected. Only authorized staff members receive and view your form