



# BELCA TOURS AND COACH INC.

137 MORaine HILL DR.,

MAPLE, ON, L6A 4P7

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## CREDIT CARD AUTHORIZATION FORM

ATTENTION: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

INVOICE / CONTRACT#	AMOUNT
SUB-TOTAL:	
GRATUITIES:	
TOTAL:	

CARD TYPE: M/C \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NAME ON THE CARD: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ SECURITY VER.#: \_\_\_\_\_

I, \_\_\_\_\_, AUTHORIZE BELCA TOURS & COACH INC.

TO CHARGE MY CREDIT CARD IN THE AMOUNT OF \$ \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY:

AUTHORIZATION #:
DATE PROCESSED: