

This form may be faxed to 905-940-4377 or emailed to [nets@justnets.ca](mailto: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	