

# KENSINGTON

## Credit Card Charge Authorization for Kensington Tours Ltd.

Thank you for booking with Kensington Tours. Since you are paying for this trip on behalf of a traveler on the program, we require a credit card authorization form to be filled out to authorize payment.

Please print, and fill out the form below and email it to [finance.banking@kensingtontours.com](mailto:finance.banking@kensingtontours.com) or fax to 416-862-2003. Please speak with your Travel Consultant if you have any further questions.

I hereby acknowledge that Kensington Tours Ltd. has been engaged by another party to provide a product and/or service as described below (Booked Trip). I acknowledge that the fees and/or costs being charged on my credit card as shown below will be processed to complete an order that I fully authorize as the credit card holder. I will not deny or dispute this charge with my credit card provider. I acknowledge that this payment is subject to the receipt of the product or service below. I also acknowledge and agree if the product and/or services are canceled, I will be subject to the seller's return policies as stated on the description of product/services (refer to trip itinerary). Upon service commencement, I acknowledge that if I am unsatisfied with the delivery of the product/service, I will work with Kensington Tours' local representative while in destination, and with Kensington Tours Ltd. at 888-903-2001 upon my return.

This electronic or facsimile copy of the signed agreement will serve as an original for the purposes of this agreement.

I have read and understand this agreement and by signing, I agree to abide by the above terms and conditions, including the stated terms and conditions of the Booked Trip referenced below, acknowledge that I have authorized the charges shown below, and consent to this purchase of the product and/or service described.

Booked Trip: \_\_\_\_\_  
(include Trip Reference # and description of the product or service here)

Cardholder name as it appears on card: \_\_\_\_\_

Type of Credit Card:  Visa  MasterCard  Discover  American Express

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

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

CVV Code \*: \_\_\_\_\_

\*(for Visa and MasterCard: 3-digit number on back of card, for American Express: 4-digit number above account number on face of card)

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

Amount of Payment: \_\_\_\_\_ (indicate currency)

Cardholder Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_