



CLUB
AVENTURE
VOYAGES

Date _____

TO : CLUB AVENTURE VOYAGES

1164, de Bourlamaque

Québec (Québec), G1R 2P8

Tel : (418) 687-9043 Toll-free : 1 (800) 361-9043

Fax : (418) 687-2507

PAYMENT AUTHORIZATION

Dear Sir / Madam,

I,....., hereby authorize CLUB AVENTURE VOYAGES to withdraw the tour fare amount of my credit card as mentioned hereunder, in accordance with the offer made by CLUB AVENTURE VOYAGES. .

Name of Card holder : _____

Card (*) : VISA MASTERCARD

Card Number : _____

Card Expiration Date : _____

Amount to be withdrew : _____ USD

Amount in letters : _____ US dollars

Signature of card holder : _____

(Attachment : Copy of both side of the card.)

(*) : Choose the card type