

# Credit Card Approval Form

(Please Print Clearly)

When applying for credit card approval, this form must be completed in full, signed and returned by the cardholder. Once this form has been completed and signed by the cardholder, it becomes an authorization to charge the cardholder for the following services:

To the attention of (your contact in our office): \_\_\_\_\_

Name of Student: \_\_\_\_\_ Start Date: \_\_\_\_\_

Name of Cardholder (as shown on card): \_\_\_\_\_

Your Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_

PIN (3 digit # found on the back of your card for Discover, MC or Visa) \_\_\_\_\_

PIN (4 digit # found on the front of your card for Amex) \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Full amount to be charged on card: \$ \_\_\_\_\_ US Dollars (Max. amount allowed \$5000)  
(If your payment owing is more than \$5000 please use multiple cards or contact our offices.)

Description of Services (i.e. deposit, final payment, extra nights, insurance etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Reservation Number or Invoice Number (if applicable for full payment) : \_\_\_\_\_

Please note: Once this form has been returned completed and signed, a copy of the transaction will be e-mailed to the cardholder or faxed upon request, if e-mail is not available. The following above charges will be shown on your credit card statement under:

**Alderly Group Marketing Inc.**

I hereby authorize the above amount to be debited from my credit card (signature please).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Fax Back To: 416 925 5990**