



KENSINGTON TOURS
PRIVATE GUIDED TRAVEL WORLDWIDE

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@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: _____