FOR YOUR CONVENIENCE!

CREDIT CARD PAYMENT FORM

Complete the information below and send it to Prométour by any of the following methods:
A photocopy of both sides of the card must accompany this form*

- Via Fax at: **1-888-304-9446** or **1-514-848-0284**
- Via Mail to: PROMETOUR, 339 St-Paul East, Montreal (QC), Canada H2Y 1H3
- Hand in directly to your group leader

GROUP DETAILS (please print)

Prometour Tour Consultant: _____

Participant Name: _____

Group/School Name: _____

Group Leader Name: _____

Destination: _____

CREDIT CARD DETAILS

VISA ☐ MasterCard ☐

Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: ☐☐ ☐☐☐☐
Month Year

CARD HOLDER INFORMATION

Personal information on this form is used for the sole purpose of processing payments*

First Name

Last Name

_____
CARDHOLDER'S SIGNATURE

Date: ☐☐ ☐☐ ☐☐☐☐
Month Day Year

_____
Daytime Tel. # (MANDATORY)

PAYMENT AMOUNT

☐ Please automatically charge my card according to the payment schedule on the price sheet.

OR

☐ Please only process a onetime charge of: $_____ (CAD)
Indicate Amount

FOR INTERNAL USE ONLY

ID#:_____ AMOUNT (CAD): $_____ (O.T.P. / SCHED)

CONSULTANT: _____