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PLEASE RETAIN A COPY OF COMPLETED FORM FOR YOUR/ CLIENT'S FILE
CREDIT CARD AUTHORIZATION - MASTER CARD, VISA, AMEX & DISCOVER cards are accepted.

THE FORM BELOW MUST BE COMPLETED ON ALL CREDIT CARD TRANSACTIONS.

Completed form must be received prior to documents shipping (no later than 65 days prior to departure).

I am a client of CELTIC TOURS. I hereby appoint the owner, manager, and all employees of CELTIC TOURS to be my attorneys-in-fact for the purposes of signing those documents necessary to purchase and issue airline tickets and or travel documents for this specific itinerary only:

PASSENGERS NAMES: _____

AGENCY NAME: _____ AGENCY PHONE: _____

BOOKING NUMBER: _____ TODAYS DATE: _____

This is my signature authorization. My payment was phoned in to a Celtic Tours agent: Yes

Celtic Tours - Travel cancellation/interruption insurance was explained and offered to me at the time of original booking to which I: Accepted _____ signed. Declined _____ signed.

I authorize Celtic Tours to charge my credit card Deposit + Insurance (if applicable). Also – Airfare if purchased will be charged when due – and final payment will be charged as indicated on my invoice.*

I authorize any of my attorneys-in-fact to sign credit card authorizations on my behalf, and intend such signature to bind me the same as if I had personally signed, for the purchase of the aforementioned airline ticket and or travel documents. I agree that I will pay for all such purchases and will not hold CELTIC TOURS responsible for any of its actions pursuant to this power of attorney. This Limited Power of Attorney is a one time transaction and limited exclusively to the trip described above.

I have read the terms and conditions per the brochure/flyer and understand that I may incur service charges, penalties and/or cancellation fees in the event of cancellation or change in my itinerary for any reason.

My credit card number is _____ Exp. Date: _____

Security Code (required): _____ (3 digit security code located on the back of your credit card-not retained by Celtic)

CARDHOLDER NAME: _____ SIGNATURE: _____

BILLING ADDRESS (mandatory): _____

CITY: _____ STATE: _____ ZIP: _____

Phone contact: DAYTIME: _____ EVENING: _____

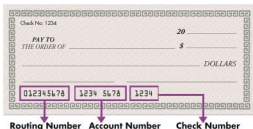
This authorization was signed in the presence of: _____

Signature: _____ Tel#: _____

Pay by Check payments – please complete here:

I (we) hereby authorize Celtic tours to initiate a debit to my (our) _____ Checking account _____ Savings Account (select one) indicated and Celtic tours to debit same to such account.

ABA Routing Number**: _____ Account No: _____



**ABA Number is generally the first nine digits on the bottom of your check. You may call your financial institution to verify. Alternatively, you can search for your banks routing number online.

Signature of acceptance for Celtic Tours to debit the above name account:

Please mail or fax to: **CELTIC TOURS**, 1860 Western Ave., Albany, NY 12203 **FAX:** (518) 862-0152.

Signature must be received before documents will be shipped.

Accounting use only:

This form was **revised –February 02, 2011**