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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: \_\_\_\_\_

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

TODAYS DATE: \_\_\_\_\_

**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.**

My credit card number is \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Security Code (required): \_\_\_\_\_ (3 digit security code located on the back of your credit card)**

Please note – the security code is not retained by Celtic Tours.

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.**

**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.**

**CARDHOLDER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_**

**BILLING ADDRESS (mandatory): \_\_\_\_\_**

**CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_**

**Phone contact: DAYTIME: \_\_\_\_\_ EVENING: \_\_\_\_\_**

**This authorization was signed in the presence of: \_\_\_\_\_**

**Signature: \_\_\_\_\_ Tel#: \_\_\_\_\_**

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–July 14, 2006**

*Ireland – Britain – Italy – Germany – Netherlands – Australia – New Zealand – Tahiti – and more!*