



1860 Western Ave. • Albany, NY 12203  
 PH: (518) 862-0042 • (800) 833-4373  
 FAX: (518) 862-0152 /1820  
 email: reservations@celtictours.com  
 Web: www.celtictours.com

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 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 ☐ Yes  
 phoned in to a Celtic Tours agent:

**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 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.*

**THE CC'S SECURITY CODE IS REQUIRED TO PROCESS PAYMENT** (generally on the back of your cc).

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

*You may process your payment online and this form will not be needed.*

If you have phoned in payment, you may add just your last four digits of your cc here.

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

(For security purposes, please call with your security code, so that your payment may be processed or you may process the payment yourself online. If you have phoned in payment, you may add just the last four digits of your cc here.)

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

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

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

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

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

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

Please note, airfare, when booked, is subject to fuel and tax increases until ticketing date. Should this occur, Celtic Tours will notify you immediately. Note, all group ticketing must be done at the same time, as this is a group record and ticketing earlier to prevent increase is not allowed. Your signature is required acknowledging this.

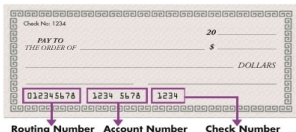
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 the amount above to the account indicated.

Name of Bank or Credit Union: \_\_\_\_\_

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 bank's routing number online.**

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

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



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**Signature must be received before documents will be shipped.**

Accounting use only:

This form was revised on February 10, 2012