

THANK YOU FOR BOOKING WITH GOWAY TRAVEL

Please first save this form before completing online, then email it to your agent. Or print and scan: info@goway.com or fax: 800 665 4432

Attention (Gowo	ıy Agent):		Booking #:		
CLIENT: I authori detailed.	ize Goway Travel to bill my credit card on behalf of Goway and/or all associated suppliers for the charges			for the charges	
for the charges of		bill my clients' credit card on be cardholder's signature and accep r date.			
AGENT NAME & AGENCY:		OPTIONAL GOWAY PID#:			
Non Refundable Dep	oosit:		\$		
Flight Deposit:			\$		
Insurance:			\$		
Name of Cardholder Billing Address:	:				
City:	State/Province:	Zip/Postal Code:	Contact Phone:	:	
Credit Card No:		Card Type:			
Expiry:		CVV:			
Cardholder Signatur	e:				
THIRD PARTY: (if a non-twith cardholder signature,	rravelling passenger is making a a form of identification (e.g. Dri	credit card payment). I agree to ema ver's License), and relationship of 3rd	il a scanned copy of the credit co party to the passenger.	ırd (front and back)	
GOWAY TRAVEL. For clients in USA	only: Electronic Check accep	ransfer nt / booking number 3284 Yongo oted: please complete check, sco ur agent for Goway's banking de	ın and email check to your ag		

Payment by Bank Transfer for Canadian Financial Institutions: pay online if you are a client of one of the following or all major credit unions: Bank of Montreal, CIBC, Bank of Nova Scotia, Royal Bank, Desjardins. Log into your online banking and follow the procedures to add Goway as a payee. When entering the company name, please ensure you have selected GOWAY TRAVEL LIMITED. You will need to add the Payee Account Number. This is the Client ID. Client ID can be found at the top of the second page of the invoice (beside the quote number).

PAYMENT AUTHORITY & BOOKING FORM

If making a payment by bank transfer, or check, the payment is applied to your booking only once it has cleared Goway's account. Some payments coming from financial institutions may up to 5 business days. Goway cannot issue air tickets until payment has been applied to a booking. Airfares are subject to change until time of ticketing.

Completing the box mark beside each selection signifies acceptance of each condition

I/We understand and accept the Booking Terms	s, Cancellation Penalties and Conditions detailed on your Group proposal.
	h documents are required. Obtaining these documents is my/our responsibility (Note: assport for at least 6-months after your date of return).
	and/or their agents can accept no responsibility for losses or accidental expenses means of transport schedule, hotel over-booking or default, sickness, weather,
Name of Passenger 1	Passenger 1 D.O.B. (MM/DD/YY)
Name of Passenger 2	Passenger 2 D.O.B.(MM/DD/YY)
Name of Passenger 3	Passenger 3 D.O.B.(MM/DD/YY)
PASSPORTS, VISAS AND HEALTH REQUIREMENTS: Ma Please check that all passports are valid. Goway Travel can as that passports, travel documents and entry visas meet the cond	any countries require passports to be valid for 6 months beyond the date of travel. sist in advising entry requirements, but it is the sole responsibility of the traveler to ensure itions of the countries the traveler is visiting.
We will require complete passengers details as per passports for all ain	r tickets and/or land arrangements. Alternatively, you can send passport copies for all passengers.

I understand an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature: