

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 (Goway Agent): _____ **Booking #:** _____

CLIENT: I authorize Goway Travel to bill my credit card on behalf of Goway and/or all associated suppliers for the charges detailed.

AGENT NAME & AGENCY:

OPTIONAL
GOWAY PID#:

Non Refundable Deposit:	\$
Flight Payment:	\$
Insurance:	\$

☐ **Declined** - I do not require travel insurance from Goway Travel. I understand that cancellation and change penalties apply that can be 100% of the value of my trip regardless of reason for canceling.

Please note your land deposit is non-refundable. Airfare pricing and availability is subject to change until airfare has been ticketed. We strongly recommend purchasing travel insurance. Travel insurance is also non refundable.

Name of Cardholder: _____

Billing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Contact Phone: _____

Credit Card No: _____ Card Type: _____

Expiry: _____ CVV: _____

Cardholder Signature: _____

THIRD PARTY: (if a non-travelling passenger is making a credit card payment). I agree to email a scanned copy of the credit card (front and back) with cardholder signature, a form of identification (e.g. Driver's License), and relationship of 3rd party to the passenger.

☐ **Payment by check/Bank Wire or Bank Transfer**
GOWAY TRAVEL. Attention: your Goway agent / booking number 3284 Yonge St, Suite 300, Toronto, ON, M4N 3M7
Payment by Bank Wire: Please contact your agent for Goway's banking details.

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).

Save 1% on your booking if you pay by check/or cash/wire transfer (excluding airfare and insurance).

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, Cancellation Penalties and Conditions detailed at http://www.goway.com/booking_conditions.html
- ☐ I/We have checked and verified the invoice and itinerary, including that all names are as per passports, and that flight details, dates and timings are correct.
- ☐ I/We are aware valid passports, visas and health documents are required. Obtaining these documents is my/our responsibility (Note: some countries require that you have a valid passport for at least 6-months after your date of return).
- ☐ I /We agree and understand that Goway Travel and/or their agents can accept no responsibility for losses or accidental expenses due to delays or changes in airline/rail or other means of transport schedule, hotel over-booking or default, sickness, weather, strikes, war, quarantine or other causes.

PASSPORTS, VISAS AND HEALTH REQUIREMENTS: Many countries require passports to be valid for 6 months beyond the date of travel. Please check that all passports are valid. Goway Travel can assist in advising entry requirements, but it is the sole responsibility of the traveler to ensure that passports, travel documents and entry visas meet the conditions of the countries the traveler is visiting. **Please complete all passenger details exactly as it appears per your PASSPORT. Alternatively you may send a scanned copy of your passport.**

Passenger 1 Passport Information:

Gender:	_____
All Given Names: _____	Passport #: _____
Family Name: _____	Nationality: _____
Issuing Authority/Place of Issue: _____	Date of Birth (DD/MM/YY): _____
Date of Issue (DD/MM/YY): _____	Frequent Flyer/Airline: _____
Expiry (DD/MM/YY): _____	Country of Birth: _____
Seat Request (aisle/window). Special Meal Requests.	

Passenger 2 Passport Information:

Gender:	_____
All Given Names: _____	Passport #: _____
Family Name: _____	Nationality: _____
Issuing Authority/Place of Issue: _____	Date of Birth (DD/MM/YY): _____
Date of Issue (DD/MM/YY): _____	Frequent Flyer/Airline: _____
Expiry (DD/MM/YY): _____	Country of Birth: _____
Seat Request (aisle/window). Special Meal Requests.	

Seat Requests cannot be guaranteed. Some airlines now charge for advance seating. Please indicate airline, number and associated passenger (please print clearly). Please note that not all airline tickets qualify for earn miles or full value miles. Please check with your frequent flyer program to ensure that your ticket type qualifies. Frequent Flyer accumulation is between the airline and the passenger and does not involve the travel agent. Frequent Flyer miles have no monetary value.

Anything Goway should know about this trip? Please share so we can arrange the perfect holiday! Any special occasion (anniversary, birthday, honeymoon) being celebrated? _____

Signature: _____ **Date:** _____

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

Passenger 3 Passport Information:

All Given Names: _____

Family Name: _____

Issuing Authority/Place of Issue: _____

Date of Issue (DD/MM/YY): _____

Expiry (DD/MM/YY): _____

Seat Request (aisle/window). Special Meal Requests.

Gender: _____

Passport #: _____

Nationality: _____

Date of Birth (DD/MM/YY): _____

Frequent Flyer & Airline: _____

Country of Birth: _____

Passenger 4 Passport Information:

All Given Names: _____

Family Name: _____

Issuing Authority/Place of Issue: _____

Date of Issue (DD/MM/YY): _____

Expiry (DD/MM/YY): _____

Seat Request (aisle/window). Special Meal Requests.

Gender: _____

Passport #: _____

Nationality: _____

Date of Birth (DD/MM/YY): _____

Frequent Flyer & Airline: _____

Country of Birth: _____

Passenger 5 Passport Information:

All Given Names: _____

Family Name: _____

Issuing Authority/Place of Issue: _____

Date of Issue (DD/MM/YY): _____

Expiry (DD/MM/YY): _____

Seat Request (aisle/window). Special Meal Requests.

Gender: _____

Passport #: _____

Nationality: _____

Date of Birth (DD/MM/YY): _____

Frequent Flyer & Airline: _____

Country of Birth: _____

Passenger 6 Passport Information:

All Given Names: _____

Family Name: _____

Issuing Authority/Place of Issue: _____

Date of Issue (DD/MM/YY): _____

Expiry (DD/MM/YY): _____

Seat Request (aisle/window). Special Meal Requests.

Gender: _____

Passport #: _____

Nationality: _____

Date of Birth (DD/MM/YY): _____

Frequent Flyer & Airline: _____

Country of Birth: _____