



**PAYMENT FORM**

TRIP NAME/ GROUP TRIP NAME/ PILGRIMAGE \_\_\_\_\_

TRAVELLER'S NAME/S : \_\_\_\_\_

Traveller 1:\$ \_\_\_\_\_ Traveller 2: \$ \_\_\_\_\_ I would like to pay with :

\_\_\_\_\_ CASH/ E-TRANSFER (email transfer to [accounting@nexioncanada.com](mailto:accounting@nexioncanada.com))

\_\_\_\_\_ CHEQUE (Bank Certified Cheque only made payable to NEXION CANADA. Personal cheques not allowed)

\_\_\_\_\_ CREDIT CARD \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express

**IMPORTANT: Credit card payment will incur additional 3.5%.**

Your credit card statement will appear as charge from Nexion Canada or name of the airline/ hotel/ tour operator/ other suppliers as applicable to your booking

CARDHOLDER'S NAME: \_\_\_\_\_

CREDIT CARD NUMBER : \_\_\_\_\_

CREDIT CARD EXPIRY DATE : \_\_\_\_\_ 3 DIGIT NUMBER AT BACK OF CARD \_\_\_\_\_

COMPLETE BILLING ADDRESS INCLUDING POSTAL CODE

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (Name of Cardholder) give full authorization to TCB Travel & Tours/ Marianatha Tours and Nexion Canada to charge \$ \_\_\_\_\_ CAD/ USD on my credit card as deposit/ final payment for the purpose of paying for travel arrangements for the traveller/s identified in this booking. I shall not decline, reject or challenge such amount charged on my credit card. I have read the terms and conditions of this trip.

\_\_\_\_\_  
Signature / Date

**TRAVEL INSURANCE WAIVER FORM**

Travel insurance provides a valuable benefit to protect you from the unexpected. We want to ensure that your travels are only filled with happy and picturesque memories.

For that reason we will need you to read and understand the insurance offers whether from the vendor or third party.

We **strongly** recommend you purchase travel insurance.

If you choose to decline all offered protections, you assume any and all personal, mental and financial losses.

Lead Traveler's Full Name: \_\_\_\_\_

Travel Consultant's Name: \_\_\_\_\_

Travel Date: (MM/DD/YYYY) \_\_\_\_\_

*Please initial by your choice and Sign Below*

\_\_\_\_\_. Yes, I will purchase my/ our own travel insurance

\_\_\_\_\_. No, I decline to purchase travel insurance and accept the terms.

\_\_\_\_\_. Please contact me with more insurance information. (Check out [Manulife Global's insurance offers](#))

I hereby agree to the terms of the above and hereby understand coverage's offered of declined and understand the consequences of changes and/or cancellations.

\_\_\_\_\_  
Lead Traveler Signature/ Date