

CREDIT CARD AUTHORIZATION FORM

Contact _____ **Date:** _____

Credit Card: _____

Account Number: _____

Expiration Date: _____

Visa, MasterCard, Discover Security Code: (3 digits in the signature field on back of card): _____

Amex Security Code: (four-digit code on front of card, right side): _____

Card Holder: _____

Billing Address: _____

City, State, Zip: _____

Telephones: Day: _____ Eve: _____

This form certifies that I am the above-referenced cardholder and that I authorize the charge to my credit card for the following payments:

My deposit in the amount of \$500 US Dollars. Please charge on the date of _____.

By signing below, I understand and acknowledge the charges in the amount listed above. I acknowledge payment in full is to be made when billed or in extended payment in accordance with the standard policy of the company issuing the credit card. I waive my right to dispute these charges.

I understand the Terms and Conditions and cancelation policy for this trip. and am aware that cancellation penalties apply to this reservation and payment.

Under the laws of the state of _____, I certify the foregoing is true and correct.

Card Holder Signature: _____

Printed Name: _____

Date: _____



665 Rodeo Road Sedona, AZ 86336

928-282-4583

Fax: 928-282-4588

Toll Free: 866-282-4583

E-mail: TravelByClare@esedona.net

*Charges will appear as Exeter International