

**AIR/CRUISE/TOURS CREDIT CARD AUTHORIZATION/AGREEMENT FORM**

In lieu of my credit card imprint, I \_\_\_\_\_  
(Name of cardholder as shown on Credit Card)

Hereby authorize Mission Valley Travel, Inc. to charge my:

AMEX\_\_\_ VISA\_\_\_ MC\_\_\_ DS\_\_\_ DC\_\_\_

Number:\_\_\_\_\_ Expiring on\_\_\_/\_\_\_

in the amount of USD \_\_\_\_\_ (\$ \_\_\_\_\_)

This charge is related to transportation / tours for myself and / or

\_\_\_\_\_ for itinerary as follows:  
(Full name of one of the passengers, if not cardholder)

Total Number of passengers:\_\_\_\_\_

\_\_\_\_\_  
(Complete Routing)

Insurance Option: Accepted\_\_\_\_\_ (Initials) Declined\_\_\_\_\_ (Initials)

By declining insurance I fully understand that in case of emergency or any other circumstances, all funds may be forfeited based on the rules of the contract and service provider. I also understand that all necessary documents for travel are my responsibility.

My billing address:\_\_\_\_\_ Phone:\_\_\_\_\_ (Home)

\_\_\_\_\_ (Work/Cell)

\_\_\_\_\_ (Fax)

NOTE: Identification is required. Please provide a copy of the Credit Card (front and back) and Passport or Driver License of Cardholder.

By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or extended payments in accordance with standard policy of card issuer.

\_\_\_\_\_  
(Signature of cardholder)

**PLEASE FAX ALL REQUIRED FORMS TO: 406-758-4828**