

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