



Payment Plan

Credit Card Charge Authorization Form

Visa, MasterCard, and Discover Accepted

Date: _____

*Name: _____
(If name on card is different than name of reservation, please have card owner complete this form)

*Address: _____

*CC#: _____

*Ex. Date: ____ / ____ **CVV _____

** CVV Card Verification Number is on the back of card in signature block last 3 digits M/C and Visa. Please provide a copy of proper ID for Credit card and a copy of the Credit Card front and back clearly legible .

I authorize the charge for services related to my Multi-Day Tour: _____ to be charged to the credit card listed above. I have provided a copy of the card and my driver's license. I understand a late fee of \$15 will be charged should my credit card payment not be authorized on the date it is presented.

Signature

Date

Multi-Day Tour Information:

Payment Plan Selected 6 MONTH 8 MONTH 10 MONTH

\$ _____ to be deducted on the 1st 15th of each month beginning the month of _____ and ending the month of _____. Payment amounts will differ on the LAST payment of each agreement.

_____ Copy of driver's license and credit card on file.