

## Credit Card Authorization Form

Please fax this form back to us at (305) 670-5058 completed and signed. Also send a clear and readable copy of the front and back of the credit card being charged, and of the cardholder's driver license or photo I.D.

I, \_\_\_\_\_ hereby authorize 2000 Latin Tours. and /or it's agents to charge my credit card for the Tour Services and or AIRLINE TICKET(S) as booked at 2000 Latin Tours, for passenger (s)

\_\_\_\_\_

\_\_\_\_\_

Credit Card Type AX\_\_\_ MC\_\_\_ VI\_\_\_ DS\_\_\_ DC\_\_\_

#\_\_\_\_\_ Exp:\_\_\_\_\_

Credit Card billing Information:

Name on the Card \_\_\_\_\_

Address: \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ ZIP CODE\_\_\_\_\_.

Phone Number: \_\_\_\_\_ E-mail:\_\_\_\_\_

**Total amount to be charged: US\$** \_\_\_\_\_

Signing this agreement, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honor and abide by terms of payment and cancellation policies in your travel documents.

**I AGREE WITH 2000 LATIN TOURS TERMS AND CONDITIONS AND BOOKING CONDITIONS.**

SIGNED \_\_\_\_\_ Date \_\_\_\_\_