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CREDIT CARD AUTHORIZATION FORM

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First Name:____

Last Name:____

Date of Birth: |___|___|/|___|___|/|___|___| (mm/dd/yy)

Booking Number: ____

Destination Booked:____

CARD HOLDER INFORMATION

Name on card:____

Address of Billing:____

Phone:_______________________ Fax:_______________________ Email:_______________________

CARD INFORMATION

Card Type: (Please Check) Visa_____ MasterCard_____

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3-Digit Card Code (Located on Back of Card): |___|___|___|

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I hereby allow you to charge [   ] **USD/CAD**
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