

CREDIT CARD AUTHORIZATION



This form is a security procedure against frauds and protection for credit card holders.

Please complete and fax it over along with picture ID to our main office at **1-888-528-3871**

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
TYPE OF ACCOUNT	PERSONAL		BUSINESS		
COMPANY NAME					

ACCOUNT NUMBER					
EXPIRATION DATE					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	
VACATION PACKAGE NAME					
AUTHORIZED AMOUNT	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>I have read and understood the Terms and Conditions. I agree to adhere to them by signing below.</p>				

ALL PASSANGER NAMES (AS SHOWN IN PASSPORTS)			
FIRST NAME	LAST NAME	PASSPORT #	BIRTHDATE

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. Please be advised that your credit card is subject to be charged in parts for the amount authorization above.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	

Go to www.continentalgetaways.com for more information.