

162 Middle Street Pawtucket, RI • 02860

Phone: 1-800-752-2655 Fax: 1-401-727-9014

If paying by credit card, please complete this form and return to Travel Leaders. We can only charge your credit card for the amount noted if the signature, address and phone number are listed below. Thank you!

## CREDIT CARD AUTHORIZATION FORM

BOOKING NUMBER: 758233 DEPARTURE DATE: May 8, 2017 TOUR: Iceland: Land of Fire & Ice GROUP NAME: Travel Leaders

Name of Passenger:		
Salutation: First Name:	Middle Initial: Last Name: (Please print as it appears on Passport)	Suffix:
		(Jr., Sr.)
Cardholder Name:	your Credit Card)	
(Please print as it appears on y	our Credit Card)	
Cardholder Address:	it card statement)	
(as it appears on your cred		
Cardholder Phone:		
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Credit Card Type: American	ExpressDiscoverMasterCard	Visa
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Credit Card Number.	×	
Expiration Date:	Amount to be charged: \$	
Expiration Date.	Amount to be charged: \$\pi	
Cardholder's Signature:	Date:	
Cardifolder 3 Signature.		
Lagree to pay according to the card is	ssuer agreement. I understand and accept Co	llette cancellation
policy, terms and conditions.	souch agreement. I amaristanta and accept to	
policy, terms and conditions.		
Participating credit card companies a	re now requiring a billing address and phone	number for
EDALID DDEVENTION All inform	mation MUST be provided. Thank you for y	our cooperation!
If using your credit card for payment	, please return this Authorization Form by ma	all to:
T 11 1		
Travel Leaders		
Attn: Roni Williams		
1958 Mall Pl		
Benton Harbor, MI 49022-23	32	
Or by Fax to: (269) 925-0170		
Above credit card information has been	a called in to Collette.	