



CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:

Company Name: _____

Person Authorizing: _____

Credit Card Number: _____

Enter CVC number: _____

[Last three digits from the back card or four digits from face of card]

Expiration Date: __/__/__

Amount Authorized: \$ _____

Billing Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone Number: _____

Fax Number: _____

PLEASE, ATTACH PHOTOCOPY OF CREDIT CARD (FRONT AND BACK) & DRIVER'S LICENSE

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at High Quality Tour's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount.

The undersigned is a duly authorized representative of the credit card entered above.

I, (name)-----, have received all trip details and give full authorization to High Quality Tours to charge my credit card as identified above and I shall not decline, reject or challenge such amount charged on my credit card for the requested services provided by High Quality Tours for the clients identified above. I understand that the amount charged to my credit card will originate and appear on my credit card or bank statement as "High Quality Tours". I confirm the acceptance of all promotional, consulting, marketing and media services offered by High Quality Tours in conjunction with above authorized charge.

Authorized Signature: _____

Date: _____