



Andrea Hudson · Travel Consultant/Owner

Phone: 866-550-2269

Fax: 804-541-2654

Email: andrea@sisterstours.com

Website: <http://sisterstours.com>

## CREDIT CARD AUTHORIZATION

For our mutual protection, this form authorizes us to charge your travel arrangements to your credit card. Please fax or email (scanned) the complete form to Sisters Tours.

Cardholder Name (as it appears on card):		
Credit Card Number:	Exp Date:	Security Code:
MasterCard: <input type="checkbox"/> Visa: <input type="checkbox"/> Discover: <input type="checkbox"/> Amex: <input type="checkbox"/>		3% processing fee will apply
Email:	Phone:	Billing zip code:

### Required Documentation:

1. Signed Credit Card Authorization Form.
2. Legible copy (front and back) of credit card.
3. Copy of current Driver's License showing billing address of credit card.

### Cardholder Authorization

- I authorize initial deposit charge against my credit card for the following amount \$ \_\_\_\_\_
- I authorize a recurring charge against my credit card each month on the (1<sup>st</sup> 8<sup>th</sup> or 15<sup>th</sup>) \_\_\_\_\_ for the following amount \$ \_\_\_\_\_ Note: Final Payment will be charged \_\_\_\_\_ if there is an outstanding balance.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Deposits are non-refundable and non-transferable due to contractual obligations. Penalties apply upon cancellation. If cancelled within 45 days - 31 days of departure a 30% penalty will apply. Additional fees are subject to the applicable hotel, airline and supplier policy. **No Refunds** for cancellations 30 days or less of departure.

Initial: \_\_\_\_\_

A valid passport is required for U.S. Citizens traveling internationally