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## 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 completed form to Sisters Tours.

Cardholder Name (as it appears on card):		
Credit Card Number:	Security code:	Exp. Date:
MasterCard: <input type="checkbox"/> Visa: <input type="checkbox"/> Discover: <input type="checkbox"/> Amex: <input type="checkbox"/>		
Billing Address:		
City:	State:	Zip:
Phone:	Cell: <input type="checkbox"/> Home: <input type="checkbox"/>	Email:

### 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 a one-time charge against my credit card for the following amount \$ \_\_\_\_\_

I authorize a recurring charge against my credit card for the following amount

\$ \_\_\_\_\_ once every \_\_\_\_\_ day(s)/week(s)/month(s)/year(s) beginning

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and ending after \_\_\_\_\_ payments.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Important:** Deposit is non-refundable and non-transferable. Penalties apply upon cancellation. If cancelled within 80 days – 66 days of departure a 40% penalty will apply. Additional fees are subject to the applicable hotel, airline and supplier policy. **No Refunds** for cancellations 65 days or less of departure.

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