

HOLIDAZE® TOURS
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BELMAR, NJ 07719
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AUTHORIZATION FOR PAYMENT BY CREDIT CARD

CARDHOLDER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES FOR THE AMOUNT OF CHARGE INDICATED BELOW AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH IN THE CARDHOLDERS AGREEMENT WITH THE ISSUER.

DESCRIPTION OF MERCHANDISE:

NAME(S) OF TRAVELING PARTICIPANTS: _____

DATE OF CHARGE: _____ AMOUNT OF CHARGE:\$ _____

GROUP NAME (if applicable) _____

TOUR DEPARTURE DATE: _____

CARDHOLDER NAME: _____

CARD: _____ NUMBER: _____

SCC (3 digit code on back of card): _____ EXP. DATE: _____

BILLING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

CARDHOLDER SIGNATURE: _____

****IMPORTANT****

THE FOLLOWING CREDIT CARDS ARE ACCEPTABLE FOR PAYMENT:
DISCOVER, MASTER CARD, AND VISA. *I understand that there is a 3% surcharge.*