



**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:** \_\_\_\_\_