

CREDIT CARD AUTHORIZATION

Date: _____

**By signing below I, _____, authorize
Tours.com to charge the following credit card for services rendered.**

Company Name: _____

Cardholder Name: _____

Card Number: _____

Card Type: _____

CVC2 Code: _____ (3-digit security code located on signature strip of card)

Card Billing Address: _____

Card Billing State/Zip Code: _____

Total Amount: \$_____ Invoice Number(s) _____

Cardholder's Signature: _____

Comments: _____

FAX to: 415-332-7980

or

E-mail advertising@tours.com