

InterTrips

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(CST#208037040)

Credit Card Authorization Form

(9/19/2016)

Date of Signature:	amed person mentioned below trav thorized user of this credit card that oute arises from my charge, I will be comes invalid. I will provide Intertrip	reling on the t I will not dis e fully respo	same departure date and the spute the payment with my credi nsible for the payment. I further	
Card Type:	/isa ● Master ● Americ	a Express		
Credit Card #:		Expira	Expiration Date:	
3 Digit Security Code:		l l		
Print Card Holder Name:		Teleph	Telephone #:	
Billing Address:		I		
City:	State:		Zip Code:	
Tour Code:	Departure Date:		Return Date:	
Tour Name/Itinerary:				
*Please attach a legible photocopy of t	he front and back of your credit car	d and a pict	ure ID.	
NAME OF PERSONS WHO ARE TRA	VELING FOR WHOM I AM RESPO	ONSIBLE F	OR PAYMENT ON MY CREDIT	
1st Passenger:				
2 nd Passenger:				
3rd Passenger:				
4th Passenger:				
y signing below I understand and agree to re Final and full tour fees are non-refunda		rms <u>http://int</u>	tertrips.com . I understand the Sai	
X	\$			
Signature of Cardholder	Authorized Ar	Authorized Amount		