

AUTHORIZATION TO CHARGE ON CREDIT CARD

Note: Please fax a photocopy of your Credit Card (front and back), and a photocopy of the card holder's Passport or State ID (Driver's license) to Fax : 1-302-261-7404 along with this form.

Master Card Visa

Passenger Name:

Card Holder Name:

Card Number:

Card Expiration Date:

CVV No:

(The CVV No. appears on the signature strip of your credit card)

Total Amount:

Billing Address:

Billing City:

Billing State:

Billing Country:

Billing Zip:

Home Phone:

Office Phone:

Fax Number:

Remarks:

In lieu of my credit card imprint, I , hereby authorize The Euro Holidays and/or their representative to charge my above Credit Card for the amount shown above. By signing below, I acknowledge the charges described above. I understand that the above amount is subject to cancellation policies which have been understood by me and undertake not to take a charge back for the above amount.

Signature: