



CREDIT CARD AUTHORIZATION FORM

BOOKING # _____ **\$** _____

I, _____ of _____
Agent Name Travel Agency Name

Address: _____ City: _____ ST: _____ ZIP: _____

Phone: _____ Fax: _____

Hereby accepts responsibility for the accuracy of the credit card information, the charges to my client's credit card and guarantees payment to Fairview Travel Service, dba Sunspots International.

_____/_____/_____
Authorized Signature for Travel Agency Date

Card Holder'Name _____

Billing Address:
Street: _____ City: _____ ST _____ Zip _____

Telephone: _____

As the credit card holder, I hereby authorize the dollar amount stated to be charged to my credit card.

_____/_____/_____
Cardholder's Signature Date:

() Visa () Mastercard () American Express () Discover () Diners

Credit Card Number: _____

Expiration Date: ____/____

PLEASE FAX TO: (503) 661-7771