



AUTHORIZATION FOR CREDIT CARD USE

Card Number _____

Expiration Date _____ / _____ Security Code on Card _____

Credit Card Holder Name _____

Credit Card Holder Billing Address _____

Phone Number: Home _____ Business _____

Email Address: _____

Name of Passengers: 1) _____ 2) _____

3) _____ 4) _____

Authorize Charge Amount in US\$ _____

PLEASE READ CAREFULLY

I authorize TGW Travel Group to charge the above mentioned amount on my credit card as identified above and shall not decline, reject or challenge such amount charged to my card for the purpose of paying for a vacation package or travel related product or service for the passengers identified above.

I also declare that I have fully reviewed all details of my vacation package (including dates and flight itineraries) as well as have read and agree to be bound by the company's "Tour Participation Agreement" as currently posted on its website.

Card Holder's Signature _____ Date _____

PLEASE FAX COPIES OF CREDIT CARD (Front and Back)

AND XEROX COPY OF DRIVERS LICENSE OR GOVERNMENT ID

PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE. NO EXCEPTIONS

PLEASE FAX TO: (305) 504-8379