

Tour West America

CREDIT CARD AUTHORIZATION

Date: _____

To: Tour West America, Inc.

Fax: 480-237-8893

Customer: _____

I give your company authorization to charge my
Visa/MasterCard/Discover/American Express credit card

Expiration date: _____

Security code: _____

Name on card: _____

Phone number: _____

Credit card billing address: _____

City, State: _____

Zip/postal code: _____

Country: _____

Invoices to be paid:

Order # _____ Amount \$ _____

Order # _____ Amount \$ _____

Order # _____ Amount \$ _____

Total Amount \$ _____

NO OTHER USE OF THE CARD IS PERMITTED.

Authorized credit card signature: _____