

HOLIDAZE® TOURS  
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BELMAR, NJ 07719  
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**AUTHORIZATION FOR PAYMENT BY CREDIT CARD**

**\*\*IMPORTANT\*\***

**THE FOLLOWING CREDIT CARDS ARE ACCEPTABLE FOR PAYMENT:**

MASTER CARD, VISA AND AMERICAN EXPRESS.

CARDHOLDER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES FOR THE AMOUNT OF CHARGE INDICATED BELOW AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH IN THE CARDHOLDERS AGREEMENT WITH THE ISSUER. **I UNDERSTAND THAT THERE IS A 3.5% SURCHARGE FOR VISA OR MASTERCARD AND 4% FOR AMEX.**

**DESCRIPTION OF MERCHANDISE:**

**NAME(S) OF TRAVELING PARTICIPANTS:** \_\_\_\_\_

\_\_\_\_\_

**DATE OF CHARGE:** \_\_\_\_\_ **AMOUNT OF CHARGE:\$** \_\_\_\_\_

**GROUP NAME (if applicable)** \_\_\_\_\_

**TOUR DEPARTURE DATE:** \_\_\_\_\_

**CARDHOLDER NAME:** \_\_\_\_\_

**CARD:** \_\_\_\_\_ **NUMBER:** \_\_\_\_\_

**SCC CODE:** (3 digit code on back / 4 digit on front for AMEX) \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

**CREDIT CARD BILLING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**CARDHOLDER SIGNATURE:** \_\_\_\_\_

**\*\*IMPORTANT\*\***

**Credit Cards Cannot Be Processed Without The Following Information On The Form:**

SCC CODE

PROPER BILLING ADDRESS

ZIP CODES