

Direct Bill Credit Card Authorization Form

WEBSITE: www.cngtours.com

EMAIL: SR1@cngtours.com

Description: North Olmsted HS Band Orlando Fl trip Departing 3/18/16 Return 3/23/16

I, _____ Student Name _____
(Parent Print Name) (Print Name)

Phone _____ Cell _____

Email _____

Address _____

hereby authorize **C & G Tours** to charge the following credit card trip payment plus 3% individual payment processing fee.

Non-Refundable Deposit per person _____
Amount Authorized _____

Visa _____ **MasterCard** _____

Credit Card # _____

Expiration Date: ____/____ **Name:** _____
(Month/Year) (Print name as it appears on the credit card)

Billing Zip Code: _____ **Security Code** _____

X: _____
(Authorized Signature)

By signing this form, you are authorizing C & G Tours to charge your credit card for the amount stated above.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____