

MORGAN ADVENTURE TRAVEL & TOURS

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C.S.T. #2111217-40

AUTHORIZATION FOR CREDIT CARD USE

Credit Card Holder Name *(please print)* _____

Credit Card Holder Billing Address _____

Card Holder Phone Number: () _____ H / () _____ CELL

CREDIT CARD TYPE: ___AMEX ___MASTERCARD ___VISA ___DISCOVER

Credit Card Number: _____ EXP. DATE: _____

CVC #: (last three numbers on back of credit card: _____
For Amex cards, use the four numbers located above card number on front of credit card: _____

I hereby authorize Morgan Adventure Travel & Tours to charge my credit card for \$ _____
Please confirm credit card amount to be paid prior to faxing authorization.

Credit Card Issuing Bank _____

Trip Destination & Date: _____

PLEASE READ CAREFULLY

I give full authorization to Morgan Adventure Travel & Tours to charge the above stated amount to my credit card as identified above, and shall not decline, reject or challenge such amount charged to my credit card for the purpose of paying for a tour package and/or travel for the passengers identified below. I also declare that I am aware and agree to all terms under cancellation penalties for the above trip.

Signature: _____ **Date:** _____

Passenger Name(s): (please print) _____

PLEASE FAX TO :(408) 238-7569
Phone: (626)255-7544