

Credit Authorization Form

For A Place to Remember Travel & Tours



EMAIL TO: info@aprtravel.com

Please email the following items:

1. This Authorization Form
2. Photocopy of credit card (both sides)
3. Photocopy of cardholder's valid driver's license or passport

In order to purchase the travel package and/or ticket(s), **ALL** the above items must be received by 6:00 PM EST (Eastern Standard Time) on the date the package and/or ticket is purchased. In the event any of the aforementioned required information is not received by the deadline, your ticket and/or travel package will not be processed and the fare is subject to change based on availability and fare changes by the airlines and travel providers.

Fill in credit card type:

() Visa () Master Card () American Express

Card Holder's name: _____

Credit Card Number: _____

CVC number: _____

*this is a 3 digit number located on the back of your MasterCard/VISA or a four digit number located on the front of your American Express card.

Expiration Date: _____

Cardholder Billing Address _____

Cardholder Phone: _____

Cardholder Cell Phone: _____

I, the cardholder _____ have read and understand the terms and conditions of A Place to Remember Travel & Tours, Inc. and agree to them completely. I authorize A Place to Remember Travel & Tours, Inc. or its affiliated ticketing/tour agency to charge in full the amount of \$ _____ * for travel related services for the following passengers (*including self in list if applicable*):

Sign below that you agree to the conditions on this form.

CARDHOLDER SIGNATURE: _____ DATE: _____

Cardholder name: _____
(please print)