



CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE AND FAX BACK TO (305) 485-2911

*Please complete on line for clarity, then print out and sign the form. Then fax to 305-485-2911 or scan the 2 pages and email to info@toursonline.info

WWW.TOURSONLINE.INFO

**275 Fontainebleau Blvd Suite 154
Miami FL 33172-4501
Phone 866-600-7570 or 305-485-5011
Fax 305-485-2911**

Date: _____ Booking Ref _____

I (card holder) _____ authorize TravelmaxUSA

Corp. and Tours Online Corp. to charge a non refundable payment for the amount of USD : _____

for airline tickets and / or land services for passengers names(s) listed below (TRAVEL INSURANCE NOT INCLUDED):

PLEASE LIST NAME AS THEY ARE IN YOUR PASSPORT

1. LAST NAMES _____ **ALL GIVEN NAMES** _____ **DOB** _____
 Female Male USA OTHER **EXPIRATION** _____
PASSPORT # _____ **NATIONALITY:** _____ **MM/DD/YY**

2. LAST NAMES _____ **ALL GIVEN NAMES** _____ **DOB** _____
 Female Male USA OTHER **EXPIRATION** _____
PASSPORT # _____ **NATIONALITY:** _____ **MM/DD/YY**

3. LAST NAMES _____ **ALL GIVEN NAMES** _____ **DOB** _____
 Female Male USA OTHER **EXPIRATION** _____
PASSPORT # _____ **NATIONALITY:** _____ **MM/DD/YY**

4. LAST NAMES _____ **ALL GIVEN NAMES** _____ **DOB** _____
 Female Male USA OTHER **EXPIRATION** _____
PASSPORT # _____ **NATIONALITY:** _____ **MM/DD/YY**

PLEASE CHOOSE YOUR CREDIT CARD:

- DISCOVER
- VISA
- AMERICAN EXPRESS
- MASTERCARD
- DINERS CARD



CREDIT CARD # _____ EXPIRATION _____ SECURITY CODE _____

CARD HOLDER'S ADDRESS _____

HOME PHONE _____ CARD HOLDER'S MOBILE NUMBER _____

BUSINESS PHONE _____ EMAIL ADDRESS _____



Shipping instructions -Your documents will be sending within USA territory free of charge within 21 days of your departure date. Where would like to receive your travel documents?

Name _____

Address _____

City _____ State _____ Zip Code _____

INITIALS _____
 INITIALS _____
 INITIALS _____
 INITIALS _____

- Decline Insurance (package are non refundable) protect your investment with TRAVELGUARD
- I accept the cancellation travel insurance type _____ for a total of U\$D _____
- All charges are generated by TravelmaxUSA Corp. and Tours Online Corp.
- By paying Tours Online I am accepting the terms and conditions displayed at www.ToursOnline.info/terms.html

In case of emergency please contact:

Enter name _____ Emergency Email _____

Emergency Phone Number _____ Relationship _____

With my signature I accept your charges in this form and I agree that all purchased services are non refundable as described in our Terms and Conditions (www.ToursOnline.info/terms.html)

CardHolder's Signature _____

IMPORTANT:

For your own protection, this form must be accompanied with a copy of the credit card, cardholder identification. Thank you, for your cooperation in the intention to stop frauds.



PRINT FORM