

# Credit Card Authorization

**Fax to: 619-567-5156 Tour Resource Consultants LLC**

<b>Name of Tour:</b>		
<b>TRC's Tour ID:</b>		

**I authorize Tour Resource Consultants LLC ("TRC") to charge my credit card in the amount necessary to pay for the payments due to TRC pursuant to my Agreement for Services with TRC dated \_\_\_\_\_.**

**I agree to pay my credit card company for these charges.**

Type of card (mark one):  AmEx  MC  Visa  Discover

Credit card #: \_\_\_\_\_

Expiration date: (mm/yy) \_\_\_\_\_

Credit card verification code (3 digits on back, or 4 digits on front for AmEx) \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

Cardholder billing address for this card: \_\_\_\_\_

\_\_\_\_\_

Cardholder's email address: \_\_\_\_\_

Cardholder daytime phone: \_\_\_\_\_

**Cardholder signature:** \_\_\_\_\_

Signature date (mm/dd/yyyy): \_\_\_\_\_

**EVERY BLANK ON THIS FORM MUST BE COMPLETED.**

**Tour Resource Consultants LLC**

West Coast Division

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