



CREDIT CARD AUTHORIZATION FORM

GROUP INFORMATION

Organization: _____
Trip Coordinator: _____
Contact Info: Phone: _____ Email: _____
Trip Date: _____ / _____

CARDHOLDER INFORMATION

Cardholder: _____
Signature: _____
Billing Address: _____

Credit Card Type: VISA: _____ Master Card: _____ Amex: _____
Credit Card #: _____ - _____ - _____ - _____
Expiration Date: _____ / _____
Credit Card ID #: _____
Charge Amount: _____
Please Note: There will be a 3.5% convenience fee with all credit card transactions.

Please return this completed authorization form to our office.

Office Phone: 212-935-0222
Office Fax: 860-927-7912
Office Email: nate@clubgetaway.com
Office PO Box: PO BOX 769, Kent, CT 06757