



CREDIT CARD CHARGE AUTHORIZATION FORM

I, as the traveler, authorize CYTS Tours, a tour operator acting on behalf or through instructions given to my travel agent, to make charges specified below to the credit card listed for travel and travel related services. I accept full responsibility for charge- backs, disputes or other non-payments by me, the credit card holder, credit card company or issuing bank. All charge backs or disputed amounts must be paid back to CYTS promptly. I understand and accept that airline tickets may or may not be issued against my credit card; this is solely at the discretion of CYTS Tours.

Name of persons who are traveling for whom I am responsible for payment on my credit card are (*Note: CYTS Tours can only accept credit card payments for the passenger who is traveling and their immediate family members*):

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

Credit Card No. (Visa/Master/American Express): _____

Expiration Date: _____ Card Holder's Name (Please Print): _____

Authorized Amount: _____

Contact Phone Number (mobile): _____ (home): _____

Mailing Address: _____

Note: For your own protection, please attach a copy of the front and back of your credit card and a picture identification card.

Thank you very much!

Passenger Signature: _____ Date: _____