

4172 Ridgemoor Dr. N, Palm Harbor, FL 34685 Phone: 727-254-4373; Fax 203-653-5586 sophia@sophiastravel.com

## CREDIT CARD AUTHORIZATION FORM

## **Please FILL IN CLEARLY**

CARDHOLDER'S NAME :_	
ADDRESS :	
·	
CITY, STATE, ZIP :	
CREDIT CARD NUMBER :	
EMAIL ADDRESS:	PHONE NUMBER:
CREDIT CARD TYPE :	
Visa, Discover and Master	Card CCV Security code: (digit code on back of card) :
	r digit code on front of card right side) :
EXPIRATION DATE :	
This form certifies that I ar	m the above-referenced cardholder and that I Authorize Sophia's Travel to charg
my credit card for the follo	wing payments:
My deposit in the amount	of \$US Dollars. Please charge on the date of:
My remaining balance due	e or full payment of \$US Dollars on this date:
NOTE: Please fill in the spa	ices above.
All credit charges will be p	rocessed in the United States under the name E N M Travel or local supplier's
name which will be comm	unicated to you at the time of booking.
By signing below, I unders	tand and acknowledge the charges in the amount listed above.
	clear copy of credit card from both sides and driver's license or passport. Date: Date:
Signature:	

I am aware of any cancellation policies and agree not to dispute or attempt of Chargeback any of the above signed for and acknowledged charges.

Fill and Print out this form and fax it back to us at 203-653-5586