Credit Card Authorization Form

redeye BREAKS

1501 Conshohocken State Rd
Gladwyne, PA 19035
Telephone: 1-610-526-2801 | Fax 1-610-526-2807.

Step 1: Please fill out the enclosed form in full. In the box below; include full legal name, customer # and the amount you are authorizing Red Eye Breaks to charge for each passenger listed. If list exceeds 4 passengers please use additional forms. A $100 per person non-refundable deposit is required. Final Payments are due January 4th, 2008.

Step 2: Your final travel vouchers will not be processed until Red Eye Breaks receives a signed participant agreement form from each person traveling. If paying in full be sure to authorize the full package balance including taxes, city add-on or subtraction, and the non-refundable $15 processing fee. Please confirm this correct amount listed on your reservation or with a Red Eye Breaks booking representative.

Full Legal Name: Passenger#1_____ Customer#_____ Authorized Amount$_____

Full Legal Name: Passenger#2_____ Customer#_____ Authorized Amount$_____

Full Legal Name: Passenger#3_____ Customer#_____ Authorized Amount$_____

Full Legal Name: Passenger#4_____ Customer#_____ Authorized Amount$_____

For Visa, MasterCard, American Express & Discover ONLY. Please obtain card holder's signature on this form and return with a photo copy front and back of CREDIT CARD and cardholder's driver's license or other recognized picture ID which includes proof of signature.

Credit Card Type (check one):	□ Visa	□ MasterCard	□ American Express □ Discover
Credit Card #	|Expiration Date:	|3 or 4 digit code:	
Total Amount of Authorized Charge (sum of passengers #1-4 above):$			
Print Name Exactly as it Appears on Credit Card:			
Credit Card Billing Address:			
City:	|State:	|Zip Code:	
Home Phone#:	|Cell Phone:	|email:	

I, _____ (name of cardholder), hereby authorize Red Eye Breaks to charge my credit card for travel expenses for the above listed passengers #'s 1-4, in the amount listed above. I agree to the terms listed in the Tour Participant Agreement for each passenger traveling. All deposits are non-refundable. Cancellations after Jan. 4th 2008 are non-refundable. I agree to pay the above authorized charges for all passengers listed above subject to and in accordance with the agreement governing of such a card. Only the authorized cardholder may sign for the tour being charged. Any signature other than that of the will not be accepted. Cardholder must sign below and return form to the address listed above or fax to 1-610-526-2807.

_____ _____

Card Holder Signature Date