



Travel Your Way

Credit Card Authorization

For all credit card transactions there will be an additional non-refundable service fee added to the payment.

I authorize Travel Your Way to charge the following credit card account for the tour to the Holy Land, and I agree to pay for such charges.

Passenger Name: _____

Tour Hosted by: _____

Departure Date: _____

Please charge the following credit card in the amount of \$_____.

Credit Card: Visa Master Card American

Credit Card holder name: _____

Credit Card Number: _____ - _____ - _____ - _____ Exp ____/____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: ____/____/____

Please send back to Travel Your Way:
Fax: (888) 767-7137
PO Box 279
Cataula, GA 31804