

Shadow Tour, LLC

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND FAX TO 858-356-9596
TELEPHONE ORDERS CALL 858-692-6220 (HAVE CREDIT CARD READY)
All information will remain confidential.

Cardholder Name: _____

Telephone: _____ Email: _____

Billing Address: _____

Shipping Address: _____
(if different)

Credit Card Type: ___ Visa ___ Mastercard ___ Discover

Credit Card Number: _____ Exp Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Item: _____ Qty: _____ Size: _____ Subtotal: _____

Item: _____ Qty: _____ Size: _____ Subtotal: _____

Shipping: _____ \$7_____

Total Amount (USD) to Charge: \$_____

I authorize Shadow Tour, LLC to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Sign, Print Name, and Date Below:

Signature: _____

Print Name: _____

Date: _____

Fax the completed form to 858-356-9596

Telephone Orders call 858-692-6220, please have credit card available