

# 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**