



PO Box 1474 • Wenatchee, WA 98801 phone: (888) 837-9640 fax: (509) 663-1473
WST 603 017 048

CREDIT CARD AUTHORIZATION

Card Holder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

MC Visa American Express

Credit Card Number: _____

Expiration Date: _____ Security Code (SVV): _____

I hereby authorize Madison Tours and Travel to make the following credit card transaction:

Deposit or Payment amount: \$ _____

Purpose of deposit or payment (flight, tour package, hotel, etc.) _____

Destination: _____

The invoice or quoted price reflects a 3% discount for purchases paid by cash or check. Visa, MasterCard and American Express are accepted as a convenience to our customers and are subjected to a 3% non-refundable convenience fee. Your signature below confirms your understanding and agreement to the fee for this transaction.

Cardholder Signature: _____

Print Name: _____

Driver License Number or ID number: _____

NOTE: ID IS REQUIRED. PLEASE PROVIDE A PHOTO COPY OF CREDIT CARD (FRONT AND BACK) AND PASSPORT OR DRIVER'S LICENSE OF CARD HOLDER.