

CREDIT CARD AUTHORIZATION FORM

Kindly follow this form, filling in the information appropriate to you and mailing or faxing it to us along with a clear photocopy of the front and back of the related credit card. Once completed, this form should be faxed to Cox & Kings at **813.258.3852**. If you have any questions, please call us at **800.999.1758**.

I, the undersigned, authorize Cox & Kings to debit my Amex VISA Mastercard

Credit Card # _____ Exp Date: _____ CVV* _____

for the amount of \$250.00 for Planning Fee. This is a non-refundable fee which will be credited towards your tour deposit and payment.

for the amount of \$_____ for deposit/final payment of my/our tour.
(amount in words) _____

tour name/destination: _____

I accept decline the Access America Insurance offered through Cox & Kings.

If payment is inclusive of travel insurance premium, Cox & Kings must be in receipt of the completed Access America insurance application form in order to initiate the insurance policy.

Cardholder's signature: _____

Print name as it appears on card: _____

Billing Address: _____

(city/state/zip): _____

Telephone: (day) _____ (evening) _____

I acknowledge payment in full is to be made when billed in accordance with the standard policy of the company issuing the credit card. I waive my right to dispute these charges.

I have read and understand the Booking Conditions issued by Cox & Kings, The Americas and am aware that cancellation penalties may apply to this reservation and payment.

Signed: _____ Date: _____

**For AMEX: A four digit non-embossed number on the face of the card.*

**For VISA/Mastercard: A three digit non-embossed number on the back printed within the signature panel after the account number.*

Cox & Kings USA

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