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Credit Card Authorization Form

Visa MasterCard Amex Discover

Trip Confirmation # _____

Amount of charge: \$ _____ For (deposit, final, other): _____

Name on card: _____

Card number: _____ Expiration date: _____

Security code (3 digits in signature panel on back/4 digits front AX): _____

E-mail: _____

Billing address: (This must be the address where monthly credit card statement is received.)

No. & Street: _____

City: _____ State: _____ Zip: _____

Traveler's phone number: _____

I verify that I am the authorized cardholder of the above referenced credit card and take all responsibility for such charges it covers here.

By signing below I understand and agree to the terms and conditions of this transaction and agree to pay the specifically authorized amount for travel related services provided by Sterling Vacations and its affiliates.

Print name of person signing below: _____

Signature of cardholder _____ Date: _____

Remarks: _____