



Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email: _____

Address: _____

Direct Telephone: (____) _____ - _____

TRAVEL INFORMATION

Description of Charge: _____

Date of Travel: _____

☐ I authorize "PRESTIGIOUS GREECE" to charge my credit card for the following amount
_____ euros and agree to the terms and conditions for my trip, including both
cancel and change policies.

Signature: _____

CREDIT CARD INFORMATION

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature _____ Date: ____ / ____ / ____

Security Code: _____