

Private Guides in Europe

by Travels with Friends

Fax: 1-916-405-3374 (U.S. fax line)

CREDIT CARD AUTHORIZATION

To: Ken Steven Roger

Client Name: _____ Email: _____

Hotel/Airport: _____ Travel Phone #: _____

	CITY NAME	TOUR # OR DESCRIPTION	NUMBER OF PEOPLE	TOUR DATE	TOTAL (INCLUDE ENTRANCE FEES OR SUPPLEMENTS)
1					
2					
3					

TOTAL PRICE*:

*Your credit card will be charged in the currency used by the local tour operator hosting your tour
(Please see the Terms to confirm the local currency used for your tours)

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Your name as it appears on the Credit Card:			
Credit Card Billing Address:			
Card Number: Visa or Master Card <small>American Express Cards - see below*</small>			
Expiration Date:		Security Code:	
Signature:		Date:	

PAYMENT IS PROCESSED APPROXIMATELY 14 DAYS PRIOR TO TOUR DATE

*American Express accepted only for tours in Greece and the UK.

By signing this form I acknowledge that I am the authorized card holder and I authorize the local tour operator to charge my credit card for the amounts listed above. Please note that local laws in some countries may require an additional authorization form to be signed. I acknowledge that I have read and agree to the Terms and Conditions as listed at www.PrivateGuidesinEurope.com/terms. I understand that Travels with Friends LLC is acting as an agent in selling private city tours and day trips which are operated by independent local tour operators.