

In order to authorize Marimar Travel & Tours to charge your credit card for the trip indicated below, please fill out and return this form to us via fax, email or regular mail. You must include a copy of both sides of your credit card.

Charges can only be made to the actual traveler's credit card. If the card belongs to someone other than the actual traveler, we require a copy of credit card owner's driver's license or photo ID.

By completing and signing this form, you authorize Marimar Travel & Tours to charge the amount authorized to the credit card you have selected below. Please fill in the following:

| I hereby provide/authorize payment in the amount of: \$ | |
|--|--|
| Trip Destination: | |
| Today's Date: Trav | vel Dates: |
| Cardholder's Name: (as it appears on card | d): |
| Card Billing Address: | |
| City/State: | Zip Code: |
| Telephone: | Mobile: |
| email: | Fa c: |
| Type of Credit Card: () Visa () N | Master Card () American Express () Discover |
| Account Number: | |
| Expiration Date: | Security Code * |
| * Visa/MC/Discover: 3 digits in back of car * American Express: 4 digits in front of ca | |
| , , , | ar Travel & Tours to charge your credit card in the amount indi- mount according to the terms of your credit card agreement. al charge of 3.6% |
| Cardholder's signature | |

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