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If paying by credit card, please complete this form and return to Church of Saint Thérèse. We can only charge your credit card for the amount noted if the signature, address and phone number are listed below. Thank you!

CREDIT CARD AUTHORIZATION FORM

BOOKING NUMBER: 811911

TOUR: British Landscapes *featuring England, Scotland and Wales*

DEPARTURE DATE: April 5, 2018

GROUP NAME: Church of Saint Thérèse

Name of Passenger:

Salutation: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
(Mr., Mrs., Rev.) (Please print as it appears on Passport) (Jr., Sr.)

Cardholder Name: _____
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Cardholder Address: _____
(as it appears on your credit card statement)

Cardholder Phone: _____

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

Credit Card Number: _____

Expiration Date: _____ Amount to be charged: \$ _____

Cardholder's Signature: _____ Date: _____

I agree to pay according to the card issuer agreement. I understand and accept Collette cancellation policy, terms and conditions.

Participating credit card companies are now requiring a billing address and phone number for **FRAUD PREVENTION**. All information **MUST** be provided. Thank you for your cooperation! If using your credit card for payment, please return this Authorization Form by mail to:

Church of Saint Thérèse
Attn: Mark Hoggard
4137 Portsmouth Blvd
Chesapeake, VA 23321-2127

Above credit card information has been called in to Collette.