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GOLDEN DAY TOUR INC.

Credit Card Authorization Form

I hereby authorize GOLDEN DAY TOUR INC., a travel agency, to apply charges to the following credit card, for travel and travel related services. By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of the credit card issuing company.

Signature of Cardholder / Date

Please fill out the following information:

Name of Company or Individual: _____

Person/Name Authorizing: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Passport Number: _____ Date of Birth: _____

Name of persons with whom you are traveling and/or also submitting payment:

1. _____ 2. _____

3. _____ 4. _____

Credit Card Information:

Type: Visa Master Card American Express

Credit Card #: _____ Expiration Date: _____

****PLEASE SEND OR FAX A COPY OF THE FRONT AND BACK OF THE CREDIT CARD AS WELL AS A COPY OF THE CARDHOLDER'S PASSPORT OR DRIVER'S LICENSE**

Authorized Charge:

Air Fare Hotel Service Fee Other _____

Total: \$ _____

e-mail: goldendaytour@gmail.com