

Paradise Vacations

Phone: 480-773-3728 Fax: 602-595-5187

www.paradisevacationsaz.com

Credit Card Authorization Form

Cardholder Name : _____

Credit Card (choose one)

MasterCard Visa American Express Discover

Card Number: _____

Expiration Date: __ __ / 20 __ __

VID Code: (Last 3 digits on the back of the card or 4 on front if AMEX) _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US) _____

Telephone: () _____ - _____

I authorize a charge against my card in the following amount: \$ _____

Cardholders' Signature

_____/_____/_____
Date