

If paying by credit card, please complete this form and return to Bend Chamber of Commerce. 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: 776077 DEPARTURE DATE: August 26, 2017 TOUR: Peru: Ancient Land of Mysteries GROUP NAME: Bend Chamber of Commerce

| Name of Passenger: Salutation: First Name: (Mr., Mrs., Rev.) | | | Last Name: ears on Passport) | Suffix: |
|--|----------------------------------|---------|---------------------------------|---------|
| Cardholder Name: | it appears on your Credit Card) | | | |
| Cardholder Address: (as it appear | s on your credit card statement) | | | |
| Cardholder Phone: | | | | |
| Credit Card Type:A | American Express | Discove | erMasterCard | Visa |
| Credit Card Number: | | | | |
| Expiration Date: | | Amount | t 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:

Bend Chamber of Commerce Attn: Sandy Stephenson 777 NW Wall St Ste 200 BEND, OR 97703-2761

Or by Fax to: (541) 385-9929

Above credit card information has been called in to Collette.