



162 Middle Street  
Pawtucket, RI • 02860  
Phone: 1-800-852-5655 Fax: 1-401-727-9014

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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: 776074  
DEPARTURE DATE: November 9, 2017

TOUR: Spain's Classics  
GROUP NAME: Bend Chamber of Commerce

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: \_\_\_\_\_  
(Please print as it appears on your Credit Card)

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:

**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.