

BREAKAWAY TOURS

CREDIT CARD AUTHORIZATION FORM

With my signature below, I hereby authorize Breakaway Tours or my hotel accommodation to charge the credit card below if there are any damages to the traveller's room, damages by the traveller to the hotel property, or expenses incurred from violating the traveller agreement.

This form is required for hotel check-in. This form must be printed and submitted to the Breakaway Tours onsite team at the hotel check-in.

TRAVELLER INFORMATION

Traveller Name: _____ Phone Number: _____

Arrival Date: _____ Departure Date: _____

Please select the option in which you would like to authorize your credit card information:

OPTION 1

I authorize the card on file for Customer ID # _____ to be charged in the event of incidentals

OPTION 2

I would like to put the below card on file for any incidentals for Customer ID # _____

Name as it appears on the credit card:		
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover		
Credit Card Number:	Expiration Date:	Security Code:

Cardholder Name (printed): _____

Cardholder Signature: _____ Date: _____

I certify that all the above information is complete and accurate. I hereby authorize Breakaway Tours or my hotel accommodation to collect payment if any damages are done by the above guest/traveller. I certify that I am the authorized signer of the credit card listed above.

Parent Name: _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____