

PERSONAL TOUCH TOURS TRAVEL AGENCY

3301 Dogwood Dr.

Hapeville, Georgia 30354

404-305-9353 Fax 404-305-9912

The following information is needed to process your credit card:

1. Copy front and back of credit card. (Copy must be legible) please make large
2. If this is a corporate purchase, please make sure to pay on a company card and have all information on a company letterhead.
3. The credit card number written out along with exp. Date.
4. The total amount being charged to the card, with the rate you were quoted. Please include number of tickets being purchased or number of people traveling.
5. A signature that matches the credit card authorizing the ticket purchase. Be sure to include credit card fee of \$4.00 for each amount being charged for all charge purchases over the phone.
6. Any information that will allow us to contact you, including home phone number, fax number, cell phone number and/or work number.
7. An address. (P.O. Box) where the bill is being mailed
8. Also submit a valid copy of your Driver's License to verify authorized signature.

Please fax your information back to (404) 305-9912 and please put it to The attention of the person you spoke with. If you have any questions, You can reach our office Monday thru Friday from 10:00am till 3:00pm at (404) 305-9353 (closed on Wednesday). Thank you.

***In case you cannot read the numbers on your card after you have made a copy of it, try enlarging the card. This will work most of the time.**

Personal Touch Tours Travel Agency

3301 Dogwood Drive

Hapeville, GA 30354

(404) 305-9353 Office (404) 305-9912 Fax

CREDIT CARD AUTHORIZATION FORM

Personal Touch Tours Travel Agency is authorized to charge
the credit card below for the following charges.

Name of Trip or Destination _____

Date(s) of Trip: _____

Name of others traveling with you _____

Number in party _____

Complete Travel Package in the amount of \$ _____

Deposit in the amount of \$ _____

Payment on your vacation in the amount of: \$ _____

Monthly Payment on _____ in the amount of \$ _____

Other \$ _____ date _____ amount _____

Credit Card Fee \$ _____

Total Amount to be Charged: \$ _____

AM X

Visa

MC

Discover

CC# _____ Exp. _____

Three Digits on Back/Front of AMX of Card _____

Print Name _____

Billing Address _____

City, State, and Zip _____

Phone Number _____

Email _____

Signature _____ Date _____

Signature authorizes Personal Touch Tours Travel Agency to charge this credit card for the charges listed above. Cancellation carries penalties of agency and non-refundable restrictions. Please be advised of the Air Policy and if you have or have not purchased the cancellation insurance. If for any reason the travel is not taken there will be a \$49.99 per person agency fee. An additional \$4.00 credit card fee will be added to the above amount. Credit card payments cannot be accepted over the telephone without your signature on this form.

Insurance/ Policy Waiver Plan:

Accepted

Declined

Please attach a copy of the front and back of the credit card listed above and photo ID with
matching signatures.

Without this information we are unable to process the charges.