



# LADATCO TOURS

3006 Aviation Ave – Suite #3A - Coconut Grove, FL 33133  
PHONE : 305-854-8422 & 800-327-6162 FAX : 305-285-0504



## AUTHORIZATION FORM FOR CREDIT CARD CHARGES

### **TO BE COMPLETED ONLY BY THE CARDHOLDER:**

Fill Out Online, Print and Sign OR Print Form, Fill Out Manually and Sign

This form authorizes LADATCO TOURS to make charges to your credit card(s)

MC                      VISA                      DISCOVER                      AMEX                      Security Code \_\_\_\_\_

CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

NAME OF CARDHOLDER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY-STATE-ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

AMOUNT AUTHORIZED TO BE CHARGED: \_\_\_\_\_

I acknowledge that I have authorized the above charges and that I have reviewed payment and cancellation policies applicable to my trip. I also understand that in addition to accommodations, cruises and services that may be included in my trip, prices quoted include charges for Ladatco's expertise, research, itinerary planning and preparation, currency transfers, booking procedures and the service of the tour operators representing Ladatco Tours, and are generally bundled together.

\_\_\_\_\_

(Cardholder signature)

\_\_\_\_\_

(Date completed)

I acknowledge that I have previously completed the Passenger Data Form, have read the Limits on LADATCO TOURS' Responsibilities and Release of Liability, signed said form as required and returned the form to LADATCO TOURS. \_\_\_\_\_ (initials)

### **TO BE COMPLETED IN FULL BY THE TRAVEL AGENCY:**

AGENCY NAME: \_\_\_\_\_ AGENT: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

CITY-STATE-ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ARC# or IATAN #

E-MAIL: \_\_\_\_\_