

All SEASON TOURS CREDIT CARD AFFIDAVIT

I _____ AUTHORIZE ALL SEASON TOURS
(NAME OF CC HOLDER)

TO CHARGE MY CREDIT CARD# _____

EXPIRATION DATE _____ AMOUNT IN USD _____

FOR _____
(NAME OF PASSENGER AND RELATIONSHIP TO CREDIT CARD HOLDER)

SIGNATURE _____ DATE _____

PLEASE ENCLOSE A COPY OF YOUR CREDIT CARD (BOTH SIDES) AND
DRIVER LICENSE

NAME _____

SIGNATURE _____

BILLING ADDRESS _____
