



CREDIT CARD AUTHORIZATION FORM

(To Be Completed By The Cardholder in Black Ink)

Date: _____
Month Day Year

I, _____, hereby authorize Trinity Gold Travel to charge my

Visa
 Mastercard
 American Express
 Discover
 Zelle (Bank to bank)

No Credit Card handling fee is charged for those using Zelle to make your payment or Checks. Zelle payments are made to: Andrea@TrinityGoldTravel.com Checks are made to Trinity Gold Travel.

Card Number: _____ **Exp. Date:** _____ **CCV#:** _____

In the amount of US \$ _____ which covers the Deposit plus \$9.00 credit card handling fee. Final payment must be made 95 days prior to your tour departure date. Or Pay in Full in the amount of US \$ _____

Billing Address: _____

Phone: _____ **Email:** _____

| First Name | Last Name | Birth Date | Passport Number | Nationality |
|------------|-----------|------------|-----------------|-------------|
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Room Size: Double Single Triple

Beds: Double Twin King (if possible)

Food: Regular Vegetarian Kosher (if possible)

Roommate's name: (if not listed above) _____



CONTINUED

| Tour Date | Tour Name | Travel Agent Name | Travel Agent Phone No. |
|-----------|-----------|-------------------|------------------------|
| | | | |
| | | | |

Please print and email it along with a copy of your passport(s) information page to:
andrea@trinitygoldtravel.com

_____ **(Initial Here)** I have read and understand all terms and conditions including the terms of cancellation policies which can be reviewed on the website.

_____ **(Initial Here)** I understand that the deposit on this tour package is non-refundable. We highly recommend the purchase of travel insurance within 10 days after you pay the complete payment and/or deposit of the tour.

My payment and signature below constitute acceptance of those terms.

I certify that I am the authorized holder and the signer of the credit card referenced above.

SIGNATURE

DATE