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CREDIT CARD AUTHORIZATION FORM
PRINT OR TYPE ALL REQUESTED INFORMATION
Please complete this form and return it to the above address, along with
a legible copy of your passport and the credit card both front and back.
Incomplete forms will not be accepted.

GROUP NAME _____ PASSENGER # _____

NAME OF PASSENGER _____

NAME OF CARDHOLDER _____

CARD TYPE _____ CARD# _____

EXPIRATION DATE _____ PASSPORT# _____

CUSTOMER SERVICE # ON BACK OF CARD _____

CARD HOLDER'S BILLING ADDRESS _____

BILLING PHONE# _____

DEPARTURE DATE _____ DEPARTURE CITY _____

AMOUNT TO BE
CHARGED _____

Please note that charges are limited to \$1,800.00 per charge. A separate form is needed for each charge.

I hereby authorize YourWorld Consultant Group, Inc. to charge the card described above.

Authorized Cardholder's Signature _____