**Credit Card Authorization Form**

Please complete all fields.

|  |
| --- |
| **Credit Card Information** |
| Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX  □ Other |
| Cardholder Name (as shown on card): |
| Card Number: |
| Expiration Date (mm/yy): |
| Cardholder ZIP Code (from credit card billing address): |

I, , authorize Travel Agency Sensations of Costa Rica to charge my credit card the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This charge corresponds to agreed purchases of Tourist Services in Costa Rica

Customer Signature Date