



SUMMER WINTER ACTION TOURS
245 Fischer Ave #D-2
Costa Mesa, CA 92626
PH: (714) 955-6900 / FX: (714) 955-6935
http://www.swatup.com

CREDIT CARD AUTHORIZATION FORM

Form must be filled out completely and must be legible.

DATE: _____

TRAVELER NAME: _____ ID#: _____

SCHOOL/ GROUP: _____

TRIP NAME: _____ TRIP DATE: _____

CARD TYPE VISA MASTERCARD AMERICAN EXPRESS

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ (MM/YY)

AMOUNT TO BE CHARGED: \$ _____

BILLING ADDRESS: _____ CITY: _____

ST: _____ ZIP: _____

AGREEMENT

By signing, cardholder agrees that SWAT is authorized to charge the amount indicated above to the cardholder's credit card listed above. The cardholder also agrees to waive all chargeback rights.

CARDHOLDER

SIGNATURE: _____

**Please do not use this form unless instructed to do so. This form is not an application for registration.