

Authorization for CREDIT CARD USE

Credit Card Number: _____ Expiration Date: _____

Issuing Bank: _____ Bank Telephone No. _____

CC Holder Name: _____

CC Billing Address: _____

Phone Number (H): _____ (B): _____

Name of Passenger(s) _____

Tour _____

Date _____ Cost p.p. _____

Total _____

Authorized charge amount in USD total for the order Confirmation signature: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I give full authorization to Starlight Tours (ticket issuer), Inna Lipnitskaya (Travel Agent) and

_____ charge the above mentioned amount on my credit card as identified above and shall not decline, reject or challenge such amount charged on my credit card for the purpose of paying for tour services for the passengers identified above. I also declare that I am aware that some restrictions may apply to the tickets purchased by through transaction and that I am satisfied that such restrictions have been explained to me. I know and I accept cancelation policies of Starlight Tours Inc.

Cardholder's signature: _____

Signed at (city): _____ on (date). _____

PLEASE ATTACH PHOTOCOPY OF CREDIT CARD (front & back) AND DRIVER'S LICENSE.

PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE. NO EXCEPTIONS.
Return form & photocopies to Starlight Tours

fax: (718) 568-0282 or info@innalipnitskaya.com

STARLIGHT TOURS 5 Conklin Drive, Stony point NY 10980