



**3956 Town Center Blvd #371  
Orlando, FL 32837**

**888-257-4099**

**Credit Card Payment Authorization Form Belize Adventure Tour Birds and Exotics of  
the World. February 7-9, 2021**

Sign and complete this form to authorize **You Name it Tours** to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. Permission is extended to all discussed payments (i.e. Deposits, Confirmed Additions, Final Payment) and is effective until final payment is made, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize **You Name it Tours** to charge my credit card  
(Full Name)

account indicated below for debts concerning \_\_\_\_\_ between the dates of  
(Description of goods/services)

\_\_\_\_\_  
(Time Interval)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.