



80 NW 22 Ave, Miami FL 33125 – Office (786) 773 2520 Fax (305) 809-8093

**CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_, authorize Paradise Tours & Services to charge my credit card the following: **Amount:** \$ \_\_\_\_\_ U.S. Dollars

**Credit Card Information:** M/C  VISA  DISCOVERS  AMEX

**Credit Card Number:**  

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**Expiration Date:** \_\_\_\_/\_\_\_\_(month)(year)

**Credit Card Bill to Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Credit Card Billing Zip Code:** \_\_\_\_\_

**CVV Panel Code:** (Digit 

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 on Front of Card MC/VISA 3 Digit on Back of Card)

**Cardholders Name:** \_\_\_\_\_  
(Exactly as it appears on the card)

X \_\_\_\_\_  
(Signature of cardholder)