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"People with the Right Connections"

FAX NUMBER: _____

COMPANY: _____

ATTENTION: _____

FROM: _____

RE: AUTHORIZATION CHARGE

DATE: _____

PLEASE PROVIDE A CLEAR COPY - FRONT AND BACK OF CREDIT CARD RETURN VIA FAX TO
(305) 932-1520 TRANSACTION WILL NOT BE PROCESSED WITHOUT CREDIT CARD COPY

I, _____ Certify that **Forest Travel Agency** is authorized
 (Cardholder Name)

to charge my account _____
 (Card Company) (Credit Card Number) (Exp. Date)

Credit card billing address: _____

Credit card holder phone number: _____

For the _____, in the amount of \$ _____ (Dollars)

for _____ traveling on _____
 (Parties Traveling) (Date of Traveling)

Date _____

Signature _____