



**COLLETTE
VACATIONS**

**180 Middle Street
Pawtucket, RI 02860
Phone: 1-877-213-0872 Fax: 1-401-727-9014**

If paying by credit card, please complete this form and return to St John The Evangelist. We can only charge your credit card for the amount noted if the signature, address and phone number are listed below. Thank you!

CREDIT CARD AUTHORIZATION FORM

**BOOKING NUMBER: 383564
DEPARTURE DATE: November 7, 2010**

**TOUR: Reflections of Italy
GROUP NAME: St John The Evangelist**

Name of Passenger:

Salutation: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
(Mr., Mrs., Rev.) (Please print as it appears on Passport) (Jr., Sr.)

Cardholder Name: _____

Cardholder Address: _____
(as it appears on your credit card statement)

Cardholder Phone: _____

Credit Card Type: American Express Discover MasterCard Visa

Credit Card Number: _____

Expiration Date: _____ Amount to be charged: \$ _____

Cardholder's Signature: _____ Date: _____

I agree to pay according to the card issuer agreement. I understand and accept Collette Vacations cancellation policy, terms and conditions.

Participating credit card companies are now requiring a billing address and phone number for **FRAUD PREVENTION**. All information **MUST** be provided. Thank you for your cooperation!

If using your credit card for payment, please return this Authorization Form by mail to:

St John The Evangelist
Attn: Rev. Andrew Czajkowski
404 N Dayton St
Davison, MI 48423-1349

Or by Fax to: (810) 658-1123