



Trinity Gold Travel

'Traveling Together'

andrea@trinitygoldtravel.com
www.trinitygoldtravel.com Toll Free: (888) 619-0610



CREDIT CARD AUTHORIZATION FORM

(To Be Completed By The Cardholder in Black Ink)

Date: _____
Month Day Year

I, _____, hereby authorize Trinity Gold Travel to charge my

Visa Mastercard American Express Discover Zelle (Bank to bank)

Card Number: _____ Exp. Date: _____ CCV#: _____

In the amount of US \$ _____ which covers the Deposit. Final payment must be made
95 days prior to your tour departure date. Or Pay in Full in the amount of US \$ _____

Billing Address: _____

Phone: _____ Email: _____

First Name	Last Name	Birth Date	Passport Number	Nationality

Room Size: Double Single Triple

Beds: Double Twin King (if possible)

Food: Regular Vegetarian Kosher (if possible)

Roommate's name: (if not listed above) _____

Tour Date	Tour Name	Travel Agent Name	Travel Agent Phone No.



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CONTINUED

Please print and email it along with a copy of your passport(s) to: andrea@trinitygoldtravel.com

_____ **(Initial Here)** I have read and understand all terms and conditions including the terms of cancellation policies which can be reviewed on the website.

_____ **(Initial Here)** I understand that the deposit on this tour package is non-refundable. We highly recommend the purchase of travel insurance within 10 days after you pay the complete payment and/or deposit of the tour.

My payment and signature below constitute acceptance of those terms.

I certify that I am the authorized holder and the signer of the credit card referenced above.

SIGNATURE

DATE