

CREDIT CARD AUTHORIZATION FORM

Attention: Marie Crawford Fax: 909-583-0012

In lieu of my credit card imprint, I _____ hereby authorize
(Print Name of Cardholder)

Get Lost Adventures, Inc. to charge my _____
(MasterCard, Visa, American Express, Discover)

Credit Card # _____ Exp. Date: _____

CVC # _____
(Located on signature panel)

Credit Card Billing Address: _____

Shipping Address if different: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

Please charge my card listed above in the following amount(s) on the date(s) below.

Amount _____ Date to charge _____

Amount _____ Date to charge _____

Amount _____ Date to charge _____

Date of Program/Tour I am paying for _____

By signing below, I acknowledge the authorization to charge my credit card. Notification will be received from Get Lost Adventures prior to any charges made on my credit card. Full payment is to be made when billed or in extended payments, in accordance with standard policy of the company issuing my credit card.

Note: All credit card charges require an additional 5% processing fee. The 5% fee will added to each charge.

Signature: _____ Date: _____