

Authorization Form to Bill Credit Card

This form of authorization **gives permission to Mazatlan Express** with Inertia Tours **to charge and bill the credit card** listed below the amount indicated below. This form is to be used for charges that are to be made, or that have already been made, to the card listed below, including internet/web-based payments to the Inertia Tours division of Mazatlan Express. If you have any questions please call our office 800.821.2176 prior to signing.

This form **MUST be returned signed and dated by the cardholder with Final Payment** OR final travel documents will not be issued. Mail to: Inertia Tours, PO BOX 40095, South Padre Island, TX 78597 –OR- scan in and email to tripinfo@inertiatours.com, -OR- fax to 888.344.4087. We highly recommend using priority mail with confirmation

The passenger traveling and the cardholder (if different) have read, understand, and agree to all the terms and conditions listed on the Tour Participant Agreement (TPA) located on the “Downloads/Forms” section at www.inertiatours.com, and agree additionally to the specifics listed on the TPA.

I, the undersigned cardholder, hereby authorize(d) the following charges to my Credit Card:

Initial Trip Deposit \$150 OR \$250 (circle one)
Or indicate below the amount to charge / was charged below

Total amount authorized by cardholder: \$ _____ . _____ **REQUIRED*****

If card was charged online & is NOT to be re-charged with this form CHECK HERE () ←

This charge is/was for payment of travel related services, which are/were willingly receive(d), understood, and agreed to by this cardholder and the travel participant in full with no exceptions. These purchases and charges are non refundable and are not transferable. The completion of this authorization form signifies the acceptance to waive all chargeback rights by cardholder to mediate disputes or obtain refunds from Mazatlan Express.

By signing below, I acknowledge that I am the cardholder under penalty of the law & authorize the charges by Mazatlan Express

Credit Card Number: (print legible) _____ - _____ - _____ - _____
(must be Visa, Mastercard or Discover)

Credit Card Expiration Date: ____ / ____

Printed Full Name of Cardholder as it appears on card _____

Cardholders Telephone # as listed with the bank: (_____) - _____ - _____

Signature of authorization to charge: X _____ **(MUST be LEGIBLE)**

Credit Card’s CSC Code(this is the 3 digit code listed on the signature line on the back of the card) - ____

Billing Address as it appears on the cardholder’s monthly statement:

Street: _____

City: _____ State: _____ Zip: _____

NAME OF TRAVELER BELOW

Last Name _____ First Name _____

Trip Information:

Group Leader _____ Destination _____ Date of Trip _____

FORM MUST BE COMPLETELY LEGIBLE OR FINAL TRAVEL DOCUMENTS COULD BE DELAYED