



SUMMER WINTER ACTION TOURS, LLC

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CREDIT CARD AUTHORIZATION FORM

Form must be filled out completely and must be legible.

Please do not use this form unless instructed to do by a representative of SWAT. This is not an application for registration.

Date: _____ Traveler Name: _____ SWAT Traveler ID #: _____

Cell Phone Number: (_____) _____ - _____ Email Address: _____

School & Group (No Abbreviations): _____

Trip Name: _____ Trip Date: _____

Card Type: Visa MasterCard American Express Discover

Name on Card: _____

Credit Card #:

Expiration Date (MM/YY): _____ CCV: _____ Amount to be Charged: \$ _____

Address: _____

City: _____ State: _____ Zip Code _____

AGREEMENT:

By signing, cardholder agrees that SWAT is authorized to charge the amount indicated above to the cardholder's credit card listed above. The cardholder also agrees to waive all chargeback rights.

Cardholder Signature: _____

Notes / Special Instructions: