



180 Middle Street
Pawtucket, RI 02860
Phone: 1-800-944-3349 Fax: 1-401-727-9014

If paying by credit card, please complete this form and return to Centre For Travel Inc.. 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: 472537
DEPARTURE DATE: July 7, 2012

TOUR: Italy Family Discovery
GROUP NAME: Centre For Travel Inc.

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:

Centre For Travel Inc.
Attn: Kay Rogers
114 Heister Street
State College, PA 16801-4720

Or by Fax to: (814) 238-7461