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If paying by credit card, please complete this form and return to St John the Evangelist. 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: 940781 TOUR: La Belle Seine *featuring Paris and Normandy*
 DEPARTURE DATE: October 13, 2020 GROUP NAME: St John the Evangelist

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: _____
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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 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:

St John the Evangelist
 Attn: Fr. Andrew Czajkowski
 404 N Dayton St
 Davison, MI 48423-1349

Or by Fax to: (810) 658-1123

Above credit card information has been called in to Collette.