

AUTHORIZATION TO DEBIT CREDIT CARD

I, _____ hereby authorize Mercy Tours Incorporated to debit my credit card in the below listed amount or any amounts pre-approved by me. I understand that execution of this authorization constitutes such approval. I assume full responsibility for any and all non payments. The cancellation policy has been fully explained to me and I understand the same.

I further understand that the below charges may change based on additional fees and other miscellaneous expenses.

Full Name: _____
(As it appears on credit card)

Credit Card Type: _____

Credit Card Number: _____

Credit Card Expiration (mm/yy): _____

CVV #/Credit Card Security #: _____

Total amount to be charged: _____

Credit Card Billing Address:

City State Zip

Phone #: (_____) _____
home work/cell

Signature: _____ Date: _____

Please sign and return this Authorization Form together with the copy of your credit card and your photo ID to: 616-808-3794 or scan and email it to info@mercytours.com



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