

## CREDIT CARD CHARGE AUTHORIZATION AGREEMENT

Ι,		, th	e holder of	(check one, please)	:
VISA	MasterCard A	American E	kpress	Discover	
Card Number:					
Expiration date _	/				
the amount of: 🛓	. This	is for guara	ntee of Cr	ard (see above) for in uise Vacation. This or: <b>Evans Family</b>	ſ
terms of the agre	s terms and charg is long as I receiv ement.	ges and I ag e the servi	gree not to ces that ar		_
Signature:					_
Address:					
City, State, Zip:_					_
Telephone: (	)				_
Date:	/		_/		
Plea	use fax this completed	form to our o	ffice at: <b>708-</b> 9	922-1985	

Please include front & back copy of credit card and copy of Drivers License