

AmeriBest Tours & Travel

P.O.Box 830485 - Miami - FL - 33283 - PH: (305) 598-1785 - E-mail: rsosa@ameribesttours.com

CREDIT CARD CHARGE AUTHORIZATION

(There is a charge of 3% on the amount to be charged to a credit card)

I, _____ A (AN) _____ CITIZEN
(YOUR NAME HERE) COUNTRY OF CITIZENSHIP

RESIDING AT _____
STREET ADDRESS (CITY - STATE - ZIP CODE)

TELEPHONE NUMBER (____) _____ - _____, AUTHORIZE
AREA CODE TELEPHONE NUMBER

AMERIFUN TOURS INC. - d/b/a - AMERIBEST TOURS AND
TRAVEL, TO CHARGE MY _____ CREDIT CARD
NAME OF CARD

_____ SECURITY CODE # _____ UNDER THE
CREDIT CARD NUMBER
& EXPIRING ON

FULL NAME APPEARING ON CARD
_____/_____/_____, UP TO THE AMOUNT OF \$ _____
MONTH DAY YEAR FULL COST OF TOUR + 3%

TO PARTICIPATE IN TOUR NAMED _____

DEPARTING ____/____/____ AND RETURNING ____/____/____
MONTH DAY YEAR MONTH DAY YEAR

NAME(S) OF THE PERSON(S) TRAVELING:

PASSENGER # 1 PASSENGER # 2 PASSENGER # 3

SIGNATURE DATE OF AUTHORIZATION

**Saint Thomas the Apostle Catholic Church
La Belle France Choir Concert Program – April 1 – 8, 2018**

**INFORMATION REQUESTED FOR AIRLINE TICKETING
AND ROOMING FORM**

NAMES AS THEY APPEAR IN "THE PASSPORT" TO BE PRESENTED TO THE AIRLINE

PASSEGER #1: _____ **DATE OF BIRTH** ___/___/___

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____ **MOBILE PHONE** (____)____-_____

PASSPORT # _____ **ISSUED IN** _____ **DATE:** _____ **EXPIRATION DATED** _____

PASSEGER #2: _____ **DATE OF BIRTH** ___/___/___

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____ **MOBILE PHONE** (____)____-_____

PASSPORT # _____ **ISSUED IN** _____ **DATE:** _____ **EXPIRATION DATED** _____

PASSEGER #3: _____ **DATE OF BIRTH** ___/___/___

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____ **MOBILE PHONE** (____)____-_____

PASSPORT # _____ **ISSUED IN** _____ **DATE:** _____ **EXPIRATION DATED** _____

MY DAUGHTER'S NAME IS _____ **D/O/B** _____

EMERGENCY CONTACT IN MIAM _____ **MOBILE PHONE** (____)____-_____

ENCLOSED PLEASE FIND CHECK # _____ **MADE OUT TO "AMERIBEST TOURS" IN THE AMOUNT**
OF \$ _____ **TO COVER THE DEPOSIT PAYMENT OF \$500 PER PERSON**

NOTE: If paying with credit card, please fill out the authorization form on the reverse side

I WANT TO ROOM IN A TRIPLE _____ **DOUBLE** _____ **OR SINGLE** _____ **ROOM**

THE NAMES OF THE PERSONS IN THE ROOM ARE
