



CREDIT CARD AUTHORIZATION

Please clearly PRINT the following information and return via facsimile:

Record Locator: _____ Agent Name: _____

Credit Card Number: _____ Exp: _____

Security Code _____ Authorized Amount:\$ _____

Cardholder Name _____

BillingAddress: _____

Cardholder Telephone Number _____

Cardholder Signature: _____

It is the sole responsibility of the Travel Agency to confirm receipt of this authorization form by DFW TOURS. All liability for authorizations not delivered to DFW TOURS remains with the Travel Agency. Tickets will not be issued until this form is received and signed by both Cardholder and Travel Agent. Travel Agency agrees to assume all liability for charges reflected on this form. Travel Agency accepts financial responsibility for any charge-backs DFW TOURS incurs from accepting its client's credit card as payment.

Travel Agency: _____ Tel Number: _____

Travel Agent Name _____ Email _____

Travel Agent Signature _____

DFW TOURS RESERVATIONS DEPARTMENT
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800-527-2589
972-386-3802 Fax
dfwtours@dfwtours.com

