



## GROUP CREDIT CARD AUTHORIZATION

Please clearly PRINT the following information and return via facsimile:

Record Locator: \_\_\_\_\_ Group 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 GROUP DEPARTMENT  
7616 LBJ Freeway, Suite 700  
Dallas, Texas 75251  
800-527-2589 Option # 2  
972-980-6441 Group Fax  
[dfwgroups@dfwtours.com](mailto:dfwgroups@dfwtours.com)

