

**CLIENT AUTHORIZATION FOR CREDIT CARD CHARGES FOR AGREED
UPON TRAVEL PURCHASES THRU I DO HONEYMOONS**

Passenger Names _____

Address _____ City and State _____

Phone _____

I hereby grant I Do Honeymoons authorization to charge my credit card
in the amount of: _____ .

Type of Card: Visa MasterCard American Express Discover

Name on Card _____

Credit Card Number _____ Exp _____

3 Digit Code _____ Issuing Bank _____

Signature of Card Holder _____ Date _____

Reservations will not be confirmed until you have made a
PHOTO COPY OF CARD HOLDERS DRIVERS LICENSE AND CREDIT CARD
FAX TO 813-436-5603 OR SCAN AND EMAIL TO: info@idohoneymoons.com