

2012 TOUR – TASTE OF EUROPE

Credit Card Payment & Registration Form

Please use this form to send us payments for your room/cabin. **Names given on this form are not considered verification for documents. If the card holder is not part of the group, a 3rd party authorization is required.** Make additional copies of this form as needed. Please deliver or fax this form to the **Leisure Travel Services 586-282-0939**.

Credit Card Information	Credit Card Information
Card Number _____ / ____ / ____ Expiration Date _____ Security _____	Card Number _____ / ____ / ____ Expiration Date _____ Security _____
Cardholder Name _____ Telephone _____	Cardholder Name _____ Telephone _____
Address _____ City _____ State _____ Zip _____	Address _____ City _____ State _____ Zip _____
e-mail _____	e-mail _____
Invoice# _____ Amount \$ _____ This payment should be applied to: Name: _____ Amount \$ _____ Name: _____ Amount \$ _____	Invoice# _____ Amount \$ _____ This payment should be applied to: Name: _____ Amount \$ _____ Name: _____ Amount \$ _____
Registration	Registration
Name exactly as printed on Passport / Govt. issued ID _____ Birthdate _____	Name exactly as printed on Passport / Govt. issued ID _____ Birthdate _____
Name exactly as printed on Passport / Govt. issued ID _____ Birthdate _____	Name exactly as printed on Passport / Govt. issued ID _____ Birthdate _____
Additional comments / Special Needs: _____	Additional comments / Special Needs: _____

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