



Credit Card Authorization Form – Direct

6505 Blue Lagoon Drive #225 Miami, FL, 33126

Attn: Accounting Department

Fax: 305-925-9266

CLUB MED GROUP COORDINATOR: _____

Group Name: BLUE THONG SOCIETY

Group Leader: MARY JO WALLO

Address: 1606 Honeysuckle Court, Encinitas, CA 92024

Phone: 760.634.4957

Email: mjwallo@aol.com

I _____ hereby authorize Club Med Sales to charge my

(Name of Cardholder)

(Credit Card Type)

_____-_____-_____-_____
(Credit Card Number)

_____/_____
(Exp. Date)

(CCV 3 digit number/4 digit for AMEX)

in the amount of \$ _____ for vacation for myself and/or _____

2nd Payment due by 01-19-2018 - \$ _____

3rd Payment due by 03-19-2018 - \$ _____

(Full name(s) of guest(s) if other than the cardholder)

Traveling to our village SANDPIPER BAY on the date of _____
(Village)

Credit Card Holders address _____

(Authorized Signature)

(Date)

*****Cancellations must be made in writing and are subject to contract penalty fees*****
*****Credit card forms are not kept on file and destroyed upon charging. A new form will be required for each payment*****