## CECAAL ECL Credit/Debit Card Authorization Form

\*This Authorization is the entire agreement between the parties and may only be supplemented or changed in writing. All Payments are final. Credit and Debit usage is subject to the CECAAL ECL Governing Rules and Regulations for tours and as provided in promotional materials. There are no further restrictions or conditions unless otherwise written, dated and signed by both parties.

## A 4% Transaction Fee will be applied

CARDHOLDER NAME AS WRITTEN ON CREDIT CARD															
AMOUNT IN U.S. DOLLARS															
\$				¢											
PAYMENT REFUND															
CAR	DHOLDI	ER <sub>B</sub>	ILLIN	G STF	REET A	ADDR	ESS								
CARDHOLDER AREA CODE AND PHONE NUMBER															
OFFICE USE ONLY															
Purpose:															
Email:															
[Top portion to be kept indefinitely]															
[Bottom portion to be separated and destroyed within 18 months of receipt of funds]															
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CREI	OIT CAR	RD NU	JMBE	ER											
EXPIRATION MONTH															
EXPIRATION YEAR															
CAR	CARD SECURITY CODE														
CARI	DHOLDI	ER 71	IP CO	DE		COUN	JTRY (	OF CA	RDH	OLDE	R:				
						2001									

**FAX TO:** 1-800-587-7165 **MAIL TO:** CECAAL, PO Box 42406, Philadelphia, PA 19101