



CREDIT CARD AUTHORIZATION

PLEASE FAX TO (866) 872-1465 or EMAIL TO calipartybus.sf@gmail.com

COMPANY or NAME _____

TELEPHONE NUMBER _____

ESTIMATED AMOUNT \$ _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ CSC#(Back of card)

CARDHOLDER NAME

(As it appears on the credit card)

REQUIRED INFORMATION TO PROCESS YOUR RESERVATION(S):

- PROVIDE A LEGIBLE COPY OF YOUR DRIVER LICENSE
- PROVIDE A LEGIBLE COPY OF YOUR CREDIT CARD (FRONT & BACK)

CARDHOLDER BILLING ADDRESS

(Where credit card statements are mailed)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

I HEREBY AUTHORIZE CALIFORNIA EXPERIENCE LLC TO CHARGE THE ABOVE CREDIT CARD FOR SERVICES CONTRACTED AND VERBALLY AUTHORIZED. I ACCEPT RESPONSIBILITY FOR ADDITIONAL CHARGES AND SERVICES RELATED TO THE CHARTER SERVICES REQUESTED. IF ANY UNPAID CHARGES ARE SENT TO AN ATTORNEY FOR COLLECTION, I AGREE TO PAY ATTORNEY FEES AS WELL AS ALL COSTS OF COLLECTION, INCLUDING EIGHTEEN PERCENT (18%) INTEREST PER ANNUM.

CARDHOLDER SIGNATURE _____

DATE _____

CALIFORNIA EXPERIENCE LLC. TCP #22427

PH: 415.692.1465