Bravo Tours, Inc. 3541 SE 4th Street, Homestead, FL 33033-7501

CREDIT CARD CHARGE FORM

***Amount to be charge	ed <u>\$</u>	+ 5%		
Group's Name:				
Passenger(s)' Name(s)				
Cardholder's Name				
Billing Address				
Tel. #				
Connection of passenger	(s) with cardhold	er		
Card #		Expiration Date	Expiration Date	
Please check one:	VISA	AMEX	MASTER CARD	
Cardholder's Signature_				
price differential represer	nting the percentage i	rate of the cash discount (5%	oay by credit card, they will incur a	
FOR OFFICE USE ONLY:				
Date		Authorization #		
Accented		Rejected	Rejected	