A touristlife LLC.

Trip Confirmation # _____ Primary Supplier _____

Name on the Card

Prefix _____ First Name _____ Middle Name _____ Last Name _____ Suffix _____

Phone Number

Area Code _____ Phone Number _____

Billing Address

Street Address _____

Street Address Line 2 _____

City _____ State / Province _____

Postal / Zip Code _____

Payment Amount _____

This Payment is for: (check all that apply)

- ○ Travel/Vacation Deposit
- ○ Subsequent Travel/Vacation Payment
- ○ Final Payment for Travel/Vacation
- ○ All Payments Pertaining to My Booking _____

Card Info

Card Type: _____

Card # _____

Expiration Date: _____

CVV Code: _____

Authorization/ Acknowledgement

Authorization:

O I authorize A Touristlife and it's suppliers to charge the amounts agreed upon on schedule.

Cardholder Signature _____ **Date** _____

My Deposit and subsequent payments is our acceptance of the agreement with A Touristlife. I am authorizing A Touristlife and it's suppliers the use of my personal information to perform necessary duties.

Some suppliers will require a new form for each additional component or payment.

(607)-206-4281 PO Box 291 Worcester, NY 12197