

**“PLEASE COMPLETE THIS FORM AND FAX IT TO
1-888-700-3011 OR
EMAIL TO ORDER@CLUBTOURS.CA
TO REMIT YOUR PAYMENT.”**

Today's Date: Customer Name: Company: Phone: Address: Email:

CREDIT CARD INFORMATION

MASTERCARD: VISA: Credit Card Number: 3 Digit Security Code: Expiry Date: ____ / ____
Month YearCard Holders Name: _____
(PLEASE PRINT)Signature: _____
ONLY THE AUTHORIZED CARDHOLDER'S SIGNATURE IS ACCEPTABLE

By signing this Pre Authorized Payment form, you, the Payor, authorize Club Tours to charge payment on the credit card identified above for charges for my virtual tour(s). Club Tours agrees to keep this information confidential. You may cancel the pre authorization at any time in writing.