

To: Grand American Travel Inc.
2366 Huntington Dr. San Marino, CA 91108
TEL:626-285-8933 FAX: 626-285-3086

Attn: _____

CREDIT CARD LETTER OF RESPONSIBILITY

I _____ authorize GRAND AMERICAN TRAVEL INC. to make charges specified below to the credit card listed. I accept full responsibility for charge- backs, disputes or other non-payments by me, the credit card holder, credit card company or issuing bank. Name of persons who are traveling for whom I am responsible for payment on my credit card are:

PASSENGER NAME: 1. _____ 2. _____
3. _____ 4. _____

TOUR CODE: _____

CREDIT CARD TYPE: (VISA / MASTER) _____

(Method of payment Note: Grand American Travels currently accept personal visa/master cards only; and cannot accept the following type of credit cards such as but not limited to: AA Advantage card, Visa Signature card, Cash Reward Card, and/or other business account Credit Cards.)

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CARD HOLDER'S NAME (Please Print) _____

MAILING ADDRESS: _____

AUTHORIZED AMOUNT: _____

IMPORTANT NOTE:

- Please attach a copy of your credit card (front and back) and a picture identification card.
- Credit card payments from cardholders traveling are accepted.

THANK YOU,

PLEASE SIGN AND RETURN (by fax or mail) THIS LETTER TO OUR COMPANY BY THAT DATE: _____

PASSENGER SIGNATURE: _____ **DATE:** _____