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CREDIT CARD AUTHORIZATION

By signing my name below, I acknowledge all charges hereon described and applicable policies and restrictions.
Payment to be made when billed in accordance with the policy of my credit card company.

Date: _____

Signature (of credit card holder): _____

Name of cardholder (as it appears on card): _____

Billing address (of card holder): _____

City/State/Zip: _____

Telephone number: _____

Fax number: _____

Email: _____

Credit Card (circle one): VISA MC AMEX OTHER _____

Credit Card Number: _____ CCV _____

Expiration Date: _____

Total Charge (in USD): _____

Passenger's name(s): _____

CANCELLATION PENALTIES APPLY TO ALL REFUNDS

Please provide copies of Driver's License and Credit Card (both sides)

