



Credit Card Authorization

If paying by credit card, please sign and return this form, either by fax or by mail, in order to confirm your booking. If payment is being provided by more than one credit card (i.e.; each person in the party using his/her own card), please send one form for each person:

TO (Your Brazil Nuts Sales Agents Name): _____

I, _____, hereby authorize

Vacations Consulting Inc. (Doing Business As "Brazil Nuts Tours"), to charge my (circle one) Visa / Master Card / American Express,

Card # _____,

with Expiration Date of _____, up to but not exceeding the

total amount projected for my travel arrangements of US\$_____.

Based on the conditions of my invoice, I understand that Brazil Nuts may split this authorized total amount into

- initial deposits to hold space and/or secure instant purchase tickets
- and later, to make balance payment per schedule on my invoice

By signing this form, I agree to pay these charges and to abide by the Terms & Conditions as detailed on Brazil Nuts Tours' "Terms & Conditions" sheet.

Signed: _____ Date: _____

Received Bnuts: _____

Fax # (239) 593-0267
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Tel: 800.553.9959; 239.593.0266