

**CREDIT CARD AGREEMENT
TRAVEL AT ITS' FINEST
PO BOX 91672
WASHINGTON, DC 20090
OFFICE: (202) 494-9843
FAX: (202) 635-0541**

I hereby authorize Travel At Its' Finest to charge my Credit Card for _____
_____ in the amount of \$_____ and agree that any dispute will be resolved
no later than ten (10) days from the date of the Invoice.

Group Information

Group Name: _____

Function Date: _____

Name on Card: _____

Home Telephone: _____ Cell: _____

Card Holder's Address: _____

Authorized Signature: _____

Today's Date: _____

Type of Card: _____

Number: _____ Exp. _____ 4 Digit Security Code _____

No American Express

Date of Birth: _____

Room Mate Name: _____

Copy (front & back) of Credit Card Attached