



Tel/fax 425-449-8516
4431 175th pl SE
Bellevue WA 98006

Credit Card Authorization

I, _____ hereby authorize "Klondike Travel, LCC"
(print name)

to process charges, as indicated below, from credit card, as detailed below.

Type of the card

(check one)



Card number

Name on the card

Card verification number



Date of expiration

Credit card billing address

Apply to invoice #

Invoice total amount of charge

This payment amount of charge

Authorization signature

Please fill out the form and fax it to 425-449-8516, or e-mail it to info@klondike.travel. Please include a copy of front & back sides of your card.

Thank you for your business!