

NEW CREDIT CARD FORM



Please complete and return a copy of this form by fax at +1(509) 461-1121
Or email: info@customgetaways.com

Name: _____

Trip Booked: _____

Payment Information (AMEX/ VISA / MC)

Card Number: _____ - _____ - _____ Exp Date: _____ / _____ CVV: _____

CVV: On Visa and MasterCard cards, it is a three-digit value printed in italic characters on the signature panel. On American Express cards, it is a four-digit value printed on the front of the card.

Name on Card _____

Billing Address _____

City _____ State _____ ZIP _____

By signing this form, you authorize, CG Premiere Sport Travel, Inc. DBA Custom Getaways to charge your card. You have also read and agree to our Reservation Procedure form.

Signature

Date