



60 E 42 Street, Suite 816, New York, NY 10165

Credit Card Authorization

Thank you for choosing K Tours for your travel needs. To submit a payment by credit or debit card, please complete the information below and return to K Tours. You may mail or fax the completed authorization to 646-201-4178.

I hereby authorize collection of payment, and I authorize K Tours to charge/debit my credit card for payment as stated below:

Today's Date: _____ Requested Service: _____

Amount: \$ _____

Please circle card type: American Express Visa Mastercard

Card Number: _____

Expiration Date: ____/____ Card CVV Code: _____

Please print the following information:

Cardholder Name: _____

Cardholder's billing address: _____

Cardholder Email: _____

Home Telephone #: () _____ Work Telephone #: () _____

Cardholder's Signature: _____

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon agrees to perform the obligations set forth in the Cardholders agreement with the Issuer.

If you have any questions, please call (646) 290-5905.

Administration use only:

Date: _____ Approval Code: _____ Entered By: _____