



Credit Cardholders Authorization Form

Please complete this form and return to Carlos Augstroze, not to the hotel

In lieu of my credit card imprint, I _____
 (Print name of credit cardholder as shown on credit card)

hereby authorize International Lifestyles, Inc. to charge my credit card.

CC#: _____ EXP _____

Debit Card: YES _____ NO _____ If yes, what is the daily limit: \$ _____

In the amount of US \$ _____

Group Name: Intl. Interline Chess Tournament

(Group name as it appears on contract)

Hotel: _____

My Billing Address is:

 (Street Address/ Apt#)

 (City/State/Country/Zip Code)

 (Telephone Number)

Cardholder's Signature: _____ Date: _____

Note: A legible copy of the cardholder's driver's license and credit card (front & back) is required in order to complete all credit card transactions. Incomplete payments will be returned to sender.

Please note that all charges are processed in Jamaica, which may attract an international transaction fee between 1% - 3% by your credit card company.

Please return this authorization form & ID requirements to: ligatne@aol.com

PLEASE BE ADVISED: All information provided above is treated confidentially, and will not be disclosed to anyone or used for any other purposes other than the intended charge.

If you are not the intended recipient, you are hereby notified that any retention, dissemination, distribution or copying of this communication is strictly prohibited and that use, dissemination, distribution or reproduction of this form by unintended recipients is not authorized and is unlawful.

Please reply to sender that you have received this form in error, and then delete it. Thank you.