



# AUTHORIZATION

(Please write in block letters)

I hereby (name) \_\_\_\_\_ (last name) \_\_\_\_\_  
(Full name of Credit Card Holder)

Rank \_\_\_\_\_ Duty Station \_\_\_\_\_ Command \_\_\_\_\_

Full Address \_\_\_\_\_  
(Street, No., Town, State, Zip Code)

Work Address \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

## AUTHORIZE

### The United Service Organizations - Rome

to charge my credit card (Full Name of Credit Card Holder):

Type:  VISA  MASTERCARD

Number:  Expiration date (mm/yy)

The amount of  EURO

### Tours and/or services booked:

Date (dd/mm/yyyy)	Tour or service booked	Number of People

### Purchasing tours for the following Individuals:

First Name	Last Name	Age

**CANCELLATION POLICY:** In case of cancellation, 72 hour notice is required before any tour/service. We will refund your credit card for the total amount minus a 3% credit card surcharge. NO REFUNDS ARE AVAILABLE IF YOU CANCEL WITHIN 72 HOURS OF DEPARTURE. We will gladly help you to rearrange dates to accommodate your changed travel plans. NO REFUNDS ARE OFFERED FOR NO-SHOWS AND CANCELLATIONS MADE THE DAY OF THE TRIP.

I AGREE WITH THE TERMS AND CONDITIONS

Signature \_\_\_\_\_

Date of this signature (dd/mm/yy)

Please Scan or send via fax to (011 from US) +39 0639754249 or to [inforome@uso.org](mailto:inforome@uso.org)