



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