

LOBA TRANSIT TOURS INC.
1-800-240-8101

Credit Card Authorization

Client Name: _____ Arrive _____

FAX # _____ Depart _____

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PLEASE BILL THE CHARGES INDICATED ABOVE TO THE FOLLOWING CREDIT CARD

Card Type: _____

Card Number: _____

Exp. Date: _____

Name of Card Holder: _____

Mailing Address: _____

I hereby authorize LOBA TRANSIT & TOURS INC. to deduct the charges for my services from the credit card listed above.

Signature of Card Holder: _____

PLEASE COMPLETE AND RETURN WITH A CLEAR COPY OF BOTH THE FRONT AND BACK OF THE CREDIT CARD

Please go through cancellation and no show policy

FAX: 202-536-4664 PHONE 202-536-5737

www.lobatransit.com