



CREDIT CARD AUTHORIZATION FORM

I, _____

hereby authorize STAGECOACH COMPANY WINE TOURS, INC. to bill the credit card listed below:

COMPANY: _____

CONTACT NAME: _____

EVENT DATE: _____

AMOUNT CHARGED \$: _____

TYPE OF CREDIT CARD: _____

ACCOUNT NUMBER: _____ SEC CODE: _____

EXPIRATION DATE: _____

NAME ON THE CARD: _____

TODAYS DATE: _____

SIGNATURE: _____

PLEASE COMPLETE AND EMAIL BACK TO: info@winetoursantaynez.com