

CREDIT CARD AUTHORIZATION

By signing this form I, _____ authorize LAR Transportes to charge my credit card for the amount indicated below and services requested and describe on this form on my behalf.

Credit Card Holder Name (as on credit card): _____

Credit Card Billing Address: _____

Tel / Fax: _____

1) Type of Card (check one) VISA MASTER CARD

2) Credit Card Number: _____

3) Credit Card Expiration Date: _____

4) Security Code (last 3 digits on the back of the card): _____

Service:	
Service Date(s):	
Number of Passengers	
Price: USD\$	\$_____USD

By signing this agreement I authorize **Vargas Tours de Guanacaste S.A** to charge my credit card for **USD\$_____ dollars as full payment of the services described above.**

Important: Vargas Tours de Guanacaste or LAR Transportes will NOT hold responsibility for any incorrect /inaccurate information provided by the person who sing this agreement, please verify that your information and itinerary is updated.f

If the credit card is rejected your reservation will be cancelled. Please notify your back ahead of time to avoid last minute inconveniences with your reservations.

Cancellation Policy:

- 20% service charge (80% refund) upon cancellation of the reservations described above, when more than 24 hours' notice is given.
- If cancellation notice is given in less than 24 hours, no refund will be applied.
- In case of no shows there will be no refund.
- Any credit card refund will take at least 10 business days to be processed.
- If LAR Transportes cancel your reservations due weather conditions or other circumstances out of our control you will receive full refund.

I further acknowledge that I have understood the terms and conditions applicable to my credit card and services requested on my behalf.

Date: _____

Credit card holder signature: _____