



American Motorcycle Adventures
420 SW 70th Ter Pembroke Pines, FL 33023
Tel. (954) 364-4970 Fax (954) 989-3048

CREDIT CARD AUTHORIZATION

Date: _____

I _____ hereby authorize Napoles Consulting, Inc. dba American Motorcycle Adventures, to charge my credit card as follows:

Crd Holder Name (as it appears on card): _____

Phone: _____ Fax No.: _____ E-Mail Address: _____

Mailing/Billing Address: _____

Charge Amount \$ _____ (In US Dollars)

Visa ___ Master Crd ___ Discover Cr Crd Number _____

Expiration Date : _____ / _____ Sec No _____ (number on back of card)

SIGNATURE (Required) _____

** Charges Not refundable if cancellation is made less than 30 days from tour date - see terms in website.

CLIENT AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING ATTORNEY FEES



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