

Credit Card Authorization Form

Date of Tour _____

Name of Group _____

**Meteor Crater Enterprises, Inc.
P.O. Box 30940
Flagstaff AZ 86003-0940
928-289-5898**

I _____ hereby authorize "Meteor Crater Enterprises, Inc."
Print Cardholder Name

to debit my _____ VISA ___ Amex___ MASTERCARD ___Discover

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

CVV CODE: _____ * Located on back of card

IN THE AMOUNT OF \$_____ FOR THE FOLLOWING SERVICE:

Admission to Meteor Crater Visitor's Center

MY BILLING ADDRESS FOR THIS CARD IS:

Address

City State Zip

Phone Fax

Cardholder Signature Date

Please fax back to 928-289-2598!