



319 Cameron Street, Alexandria, VA 22314, USA
Tel: +1 (703) 683-6040 • Fax: +1 (703) 683-6045
E-mail: info@ClassicalMovements.com
Website: www.ClassicalMovements.com

Travel Specialists for Music and Performing Groups

Credit Card Authorization Form

Due to strict rules given by credit card companies, the following information is requested:

Credit Card Billing Address

Name (as it appears on card): _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Visa, MasterCard, and American Express credit card authorization.

Please read and sign below:

I hereby authorize **Classical Movements/Blue Heart Tours, Inc** to charge my credit card for the amount of:

\$ _____ for the following services: _____

I also acknowledge the service fee of 3% (\$ _____) which I have added to the amount above for a total of \$ _____.

Card Number: _____

Expiration Date: _____

Signature _____

Date _____

Please return this form to the address listed above. Thank you.