



CREDIT CARD AUTHORIZATION FORM

CANDLES Holocaust Museum and Education Center
1532 South Third Street
Terre Haute, IN 47802 USA
+1.812.234.7881

trips@candlesholocaustmuseum.org

Guest's Name:

Date of Trip:

Amount to be Charged: \$

3% Fee: \$

Total to be Processed (+ 3% fee): \$

Cardholder Name

Type of Card

Card Number

Expiration Date

Address of Cardholder

Security Code on Back of Card

Amount to be Charged

Phone Number

Email Address

Signature of Cardholder

Use this credit card for all trip-related purchases and final payment

Comments: