



## 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](mailto:trips@candlesholocaustmuseum.org)

Guest's Name:

Date:

Amount to be Charged: \$

3% Fee: \$ **Total**

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

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\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Type of Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
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 (Circle One): YES NO