



**Credit Card Authorization Form**  
6505 Blue Lagoon Drive #225 Miami, FL, 33126  
Attn: Accounting Department

Fax: 305-925-9266

CLUB MED GROUP COORDINATOR: SHAWN CHO Transaction Number 01262335  
Group Name: PHILASKI Group Leader: FRANKLIN LEE  
Phone: 215-935-2500 Email: SHAWN@CLUBMEDIATOUR.COM  
Address: 1329 WEST CHELTENHAM AVE. ELICINS PARK, PA 19027

I, SHAWN CHO hereby authorize Club Med Sales to charge my  
(Name of Cardholder)

AMEX 3732 775698 14000  
(Credit Card Type) (Credit Card Number)

06 2023 2460  
(Exp. Date) (CCV 3 digit number/4 digit for AMEX)

in the amount of \$ 5154.80 for vacation/air payment for myself and/or  
(Amount authorizing to charge)

LEE, FRANKLIN  
(Full name(s) of guest(s) if other than the cardholder)

Traveling to our village SAPPORO, SAPPORO on the date of 15 MAR 2019  
(Village) (Date)

Credit Card Holders address 1329 W. CHELTENHAM AVE, ELICINS PARK PA 19027  
(Address)

[Signature]  
(Authorized signature)

6/28/2018  
(Date)

\*\*\*\*\*Cancellations must be made in writing and are subject to contract penalty fees\*\*\*\*\*

\*\*\*Credit card forms are not kept on file and destroyed upon charging. A new form will be required for each payment\*\*\*