



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

**Fax: 305-925-9266**

CLUB MED GROUP COORDINATOR: SHAUN CHO Transaction Number OF 262685  
Group Name: PHILASKI Group Leader: FRANKLIN LEE  
Phone: 215-935-2500 Email: SHAUN@IHANATOUR.COM  
Address: 1329 W. CHELTENHAM AVE. ELKINS PARK, PA 19027

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

AMEX 3732 775692 14000  
(Credit Card Type) (Credit Card Number)

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

in the amount of \$ 368.20 for vacation/air payment for myself and/or  
(Amount authorizing to charge)

SHAUN CHO  
(Full name(s) of guest(s) if other than the cardholder)

Traveling to our village SABRO on the date of 3/15-22/2019  
(Village) (Date)

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

[Signature] 7/5/18  
(Authorized signature) (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\*\*\*