

Printed Name:

## **Credit Card Authorization: Adult Group Reservation**

PLEASE NOTE: Vizcaya Museum and Gardens doe	es not keep credit card information on file.
By signing this form, I, (print name) authorize Vizcaya Museum and Gardens to use the encl reservation and/or optional printed guide books.	osed credit card information to pay for a group
I understand that the cancelation policy is as follows:	
<ul> <li>Full payment is required at the time of reservation Confirmation &amp; Invoice Form is issued.</li> </ul>	n. Reservation is not guaranteed until
<ul> <li>Payment is non-refundable.</li> </ul>	
<ul> <li>Payment may be transferred one time to a new disscheduling policies. Requests to reschedule must of the original confirmed visit date.</li> </ul>	
<ul> <li>Rescheduling a tour/visit (time and/or date) less the considered a cancelation, and the payment is for</li> </ul>	
<ul> <li>If a group would like to increase the maximum G processed, Vizcaya requires a minimum of 14 da package rate. Additional tour/visit times are subjection.</li> </ul>	ys' notice and payment for the additional
<ul> <li>If for any reason Vizcaya Museum and Gardens r be granted.</li> </ul>	needs to cancel the reservation, a full refund will
Please charge the following to my credit card: $\Box$ Grou	ıp Package Rate:
Credit Card Type:	card American Express
Credit Card Number:	Expiration Date:
Credit Card Verification Code (CCV):	Billing Zip Code:
Cardholder Name (as it appears on card):	
Signaturo	Dato
Signature:	Date

Submit your completed Credit Card Authorization Form to Vizcaya by email to <a href="mailto:group.tours@vizcaya.org">GROUP.TOURS@VIZCAYA.ORG</a>