

The process of this application requires a Physical Signature.  
Please complete the entire application, print it, sign it and fax it to (415) 276-1975

Today Date

M  D  Y 

In Lieu on my credit card imprint, I \_\_\_\_\_  
On behalf of \_\_\_\_\_ authorize 1abalimos.com  
Inc. to charge the credit card listed below for services provided.

Name of Card Holder

Credit Card Billing Address

Street City  State  Zip Code 

Card Type

 Visa  Master Card  Discover  American Express

Card Number

Card Expiration Date

M  Y  Security Code  (The last 3 digits On the back of your card)

Home / Office Phone Number

Fax Number

Authorized Passenger

By signing below, I acknowledge the charges listed on the 1abalimos.com web site. In the event of passed cancellation deadline, I authorize 1abalimos.com to charge the full reservation fee. I read and agreed to all the cancellation guidelines (terms and conditions) that apply to my reservation. I understand that I'm liable for any late fees, cancellation fees, taxes and other charges. I will not dispute this charge. Payment based on 1abalimos.com rate listed on the web as well as other authorized charges is made to be in accordance with the issuing card policies. I affirm my obligations under the card member's agreement.

**All Reservations Are Final, No Refunds Upon Cancellation**

Client's Signature

Print Name

Date

M  D  Y 