

Please complete this form if you are using your credit card to purchase travel services for yourself or other individuals known to you. Please fully complete and return this form to your travel agent. The purpose of this Credit Card Authorization form is to comply with credit card acceptance rules with travel suppliers and to protect you the cardholder, supplier/vendor, and your travel agent from credit card fraud. If you have any questions or concerns regarding this form, please contact your travel agent. This form must be completed and signed by the cardholder. We reserve the right to request additional information from the cardholder. If fraud is suspected, we reserve the right to deny this transaction.

Please complete the following: Date/	/	
Cardholder Name (as it appears on your card):		
Credit Card Number:	Exp. Date:	Security Code:
Billing Address:		
City:	State:_	Zip:
Phone number we can reach you at to confirm this	s transaction:	
Credit card bank phone number (as it appears on b	pack of your credit card): ()
List full name(s) of all travelers you are purchasin	g travel services for:	
Description of the travel services that you are pure	chasing:	
Total amount you are authorizing to charge to you		·
Notes / Comments:		
I authorize my travel agent to charge the above listed transferein. I agree that I will pay for this purchase in accord	_	
CARDHOLDER – Print Name and Sign Below:		
CARDHOI DER PRINTED NAME	CARDHOLDER SIG	ENATURE.