

HOTEL TRAVEL AGENT



CREDIT CARD AUTHORIZATION FORM

NAME:

DATE:

BILLING ADDRESS: MAILING ADDRESS ON FILE
WITH CREDIT CARD COMPANY (IF YOU ARE UNSURE
PLEASE CALL YOUR CREDIT CARD COMPANY).

PHONE NUMBER:

BOOKING ID NUMBER:

VISA MASTER CARD DISCOVER AMERICAN EXPRESS

Card # _____ Expiration Date _____ CCV# _____

Cardholder acknowledges that it has authorized HOTEL TRAVEL AGENT to charge the above credit card account for the amount of \$ _____ representing payment for services provided by HOTEL TRAVEL AGENT as the booking id listed above, Cardholder agrees to perform the obligations set forth in the cardholders agreement with the issuer. Cardholder acknowledges that cancelations of this booking is only valid until the date of _____. After that date the booking cannot be cancelled.

Cardholder Signature _____

ATTACH PHOTO OF DRIVER'S LICENSE
or supply via separate page

ATTACH PHOTO OF CREDIT CARD
or supply via separate page

Address on ID must match the above billing address

Cardholder Signature _____ (Must match signature on ID)
