**Credit Card Authorization Form **

| **Credit Card Information** |
| --- |
| Card Type: ☐ MasterCard ☐VISA ☐ Discover ☐ AMEX □Other |
| CardholderName (as shown on card): |
| Last 4 digits of Card: |
| Expiration Date (mm/yy): |
| Cardholder Postal Code (from credit card billing address): |

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to charge my credit card above for agreed upon travel purchases. To complete your transaction and confirm your arrangements, your signature is required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Signature /Date

\*Your credit card is not stored or saved and only used for this transaction on this specified date