



## Credit Card Authorization Form

For your protection as well as ours, we will need the following information as authorization to charge your credit card for your travel arrangements. **Please review the following, then sign and return it to our office at 2006 Stefani Place, Carrollton, Texas 75007. Travel bookings will not be made and documents will not be released until our office has received this form.**

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please charge the following amount to my credit card specified below (check and complete all that apply):

\$ \_\_\_\_\_ [ ] Deposit Due Date: \_\_\_\_\_  
\$ \_\_\_\_\_ [ ] 2<sup>nd</sup> Payment Due Date: \_\_\_\_\_  
\$ \_\_\_\_\_ [ ] 3<sup>rd</sup> Payment Due Date: \_\_\_\_\_  
\$ \_\_\_\_\_ [ ] Final Payment Due Date: \_\_\_\_\_  
\$ \_\_\_\_\_ [ ] Insurance Due Date: \_\_\_\_\_  
\$ \_\_\_\_\_ [ ] Other (Describe): \_\_\_\_\_

Sometimes the final amount due may vary from the price that was quoted due to changes in the supplier's rates, etc. For this reason, you are encouraged to return this completed form as quickly as possible so that we can lock in the price quoted to you.

Card Number \_\_\_\_\_

Card Type \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVC \_\_\_\_\_  
(Card Verification Code: 3 digit code on the back of the card; American Express has 4-digit code on the front.)

Signature of Authorization \_\_\_\_\_

Today's Date \_\_\_\_\_

Please provide a copy of front and back of card for verification. If you would like to fax this form back to us, please send it to (972) 665-6781.