



704 South State Road 135, Ste D #288 • Greenwood, IN 46143 • Tel: 317-590-4449

CREDIT CARD AUTHORIZATION FORM

Date: ___ / ___ / ___ Traveler Name(s): _____

TRIP/Tour: _____ Prof. (if applicable): _____

Name as it appears on credit/debit card: _____

Street Address: _____ State: _____ Zip: _____

Email: _____ Cell: _____ - _____

Credit Card #: _____

Exp. Date: ___ / ___ CVV#: _____ Authorized Amount(s): \$ _____

Select One:

- One-time Charge Only
- I authorize MAVtravel LLC to keep card info on file for future approved payments
- I authorize MAVtravel LLC to keep card on file and to automatically charge current and all future payments on payment due dates

TERMS & CONDITIONS:

By accepting these terms, you authorize and acknowledge all of the aforementioned charges will be posted to your credit or debit card for trip/tour payments by MAVtravel LLC for the traveler(s) designated above. You acknowledge that any cancellation fees, penalties or minimum requirements agreed upon in the MAVtravel LLC travelers agreement may also be charged to your credit or debit card.

Cardholder's Signature: _____ Date: _____

Please return the completed and signed authorization form to admin@mavtravel.com