



Credit Card Authorization

This form must be completed and signed in order for LiveToTravel to make reservations and issue tickets:

CARDHOLDER INFORMATION

Cardholder Name

Billing Address

City

State

Zip

Credit Card Number

Exp. Date

CVV#

AUTHORIZATION

I am a client of LiveToTravel. I hereby appoint the owner, manager, and all employees of LiveToTravel to be my attorneys-in-fact for the purpose of signing and processing all documents necessary for the reservation, issuance, and purchase of airline tickets, and for the payment of LiveToTravel transaction Fees, and other travel documents, and to charge these purchases and services to my credit card account listed above.

I authorize any of these attorneys-in-fact to sign and process credit card authorizations for the purchase of travel related costs and the payment of LiveToTravel transaction fees whenever any one of them receives a telephone call, reasonably believed to be from me, or someone acting on my behalf, requesting that these services be charged to the above identified credit card account.

I agree that I will pay for all such purchases and will not hold LiveToTravel responsible for any of its actions pursuant to this power of attorney. This Limited Power of Attorney will remain in full force and effect until terminated by me in writing, such termination to be effective only with respect to service requests occurring after the time that the written termination is delivered to LiveToTravel.

CARDHOLDER SIGNATURE

PLEASE PRINT YOUR NAME

DATE

Please return this form via email to tara@livetotravel.us. Please include a scanned, clear copy of your credit card, front and back, along with a copy of your photo I.D. via email:

727-331-1541 (phone)
tara@livetotravel.us
www.livetotravel.us