



**CREDIT CARD AUTHORIZATION FORM**

DATE: ____/____/____	AMOUNT: _____
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DATE: ____/____/____	AMOUNT: _____
DATE: ____/____/____	AMOUNT: _____

Type of Card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

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

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

I acknowledge that all the information above is correct. By signing below, I am giving authorization to Trio Travel and or the supplier to charge my card on the dates above and all charges listed above.

I further acknowledge that I have been advised to obtain travel insurance to protect my investment. If I should purchase travel insurance; I understand it is my responsibility to fully read and understand what the travel insurance covers. I understand that if my roommate (s) cancel my rate will change.

I understand that all monies must be paid by the final payment date. If my balance is left unpaid, my room/cabin will be automatically canceled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_