



Payment Authorization

PAYMENT INFORMATION

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Type: ☐ Visa ☐ Mastercard ☐ American Express

Card Number: _____ Security Code: _____

Expiration Date: _____

By signing below you allow Travel by RC to use your payment information to make the payment (s) necessary for your vacation. Travel by RC guarantees that this payment information will only be used for the vacation given above.

Signature: _____ Date: _____

Email completed form to pat@travelbyrc.com