



Compass Travel by Kathy

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Kathy MacDonald, with Compass Travel by Kathy, to process the credit card information provided for the reservation details listed below:

GUEST NAME: _____ TRIP TYPE: (CRUISE/PACKAGE/OTHER) _____

SUPPLIER NAME: _____ CONFIRMATION#: _____

DEPARTURE DATE: _____ RETURN DATE: _____

CONTACT NAME: _____

NAME AS IT APPEARS ON CREDIT CARD: _____

CREDIT CARD #: _____ CVV: _____

EXPIRATION DATE: _____

TOTAL TO CHARGE TO MY CREDIT CARD: _____

PYMT SCHEDULE: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE NUMBER: _____

EMAIL ADDRESS: _____

CREDIT CARD HOLDER SIGNATURE: _____ DATE: _____

This form is provided to you by an independent travel agent affiliate of Archer Travel.

Seller of Travel: CA 2001330-10, FL 35395