Credit Card Authorization Form

Card Holder Name: _____

Cardholder Address: _____

Card Holder Contact no # _____

Contact Name: _____

(If Different from Cardholder)

Contact Number # _____

(If Different from Cardholder)

Credit Card Type : _____

VISA / Master Card / American Express (Discover cards are not accepted)

Credit Card Number XXXX XXXX XXXX

Please indicate last 4 digits of the card only

Credit Card Expiration Date: _____

Amount: _____

Group details **21496973** **Travel 4 Deals Group**

I, the undersigned cardholder, hereby authorize my credit card, as listed above, to be used as the method of payment for all charges (including deposit and/or guarantee and final payment) for the above referred group, in conjunction with the signed and agreed group agreement

Signature or Payer / Card holder _____