



BLT Credit Card Authorization Form

Lead Traveler Name *

First

Last

Email *

Date of Birth *




Name on Card *

First	Last
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Billing Address *

Address Line 1

Address Line 2

City	State 	Zip Code
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Email**Phone**

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Credit Card Type *

☐ Visa ☐ mastercard ☐ Discover ☐ American Express

Credit Card Number ***Expiration Date MM/YY ***

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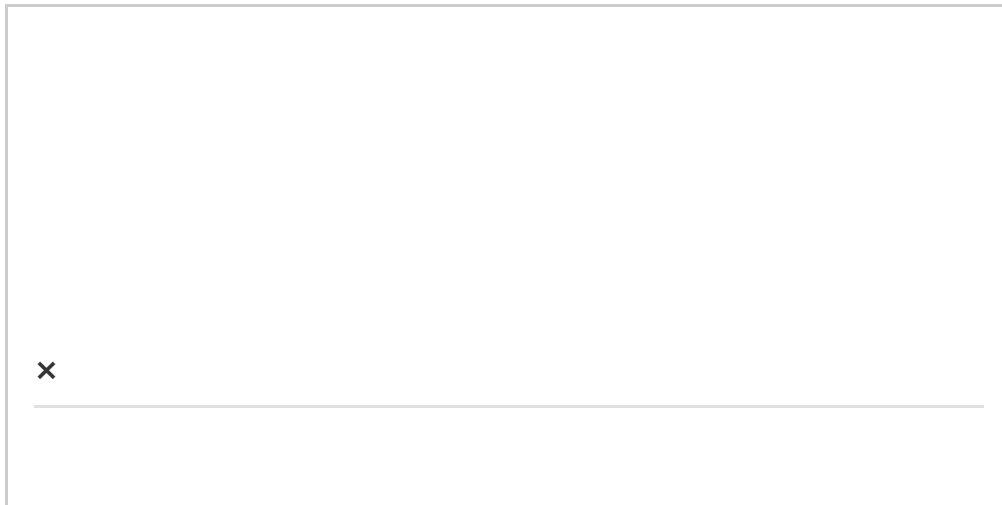
Date *

8/11/2025

By signing this form, I authorize Bright Lane Travels to charge the credit card provided above for the amount indicated in the payment details section for the booking of my trip. I acknowledge that this payment is for travel-related services and that any cancellations or changes to the booking will follow the company's policy, which I have reviewed. I also understand that if the payment is for installments, recurring charges will be applied according to the agreed schedule.

☐ Yes ☒ No

Signature *



draw type

Submit

Save



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