



Credit Card Authorization for Recurring Payments

I _____ authorize **TNT Travel Solutions** to make recurring
(Full Name)

credit card charges, to the credit card indicated below,

for _____
(Description of Goods/Services)

Initial Deposit: \$ _____ Date: _____

2nd Payment: \$ _____ Date: _____

3rd Payment: \$ _____ Date: _____

4th Payment: \$ _____ Date: _____

5th Payment: \$ _____ Date: _____

6th Payment: \$ _____ Date: _____

Final Payment: \$ _____ Date: _____

I agree to provide prior-notification of any necessary changes to the above payment schedule at least 10 days prior to the payment being collected.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card Information

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____		
Account Number	_____		
Exp. Date	_____ / _____		
CVV	_____		

CARDHOLDER'S SIGNATURE _____ DATE 07/09/2019

*I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **TNT Travel Solutions** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.*