# Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ☐ MC ☐ AmEx ☐ Discover ☐

Other ☐ _____

Account Number Last 4 digits only _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

Item(s) Purchased _____

_____

Amount to be Charged _____

By signing this form, you authorize **Bridging the Gap Travel, Ltd** to charge your card for the amount listed above. By doing so you certify that you are an authorized user of this credit card and that you will not dispute the payment with your credit card company; as long as the transaction corresponds to the terms indicated in this form. Charges will appear on your statement with the name of the specific vendor (not Bridging the Gap Travel)

Signature _____ Date _____