



Phone: 770-322-1047

Fax: 404-419-6427

CREDIT/DEBIT CARD CHARGE AUTHORIZATION FORM

Please Complete, Provide Front/Back Copy of Credit Card, & Card Holder Drivers License and Return it by Mail or Fax to the address above

American Express
 MasterCard

Visa
 Discover

Debit Card

Description of charge (Trip Name) _____

Travel Date _____

Name as it appears on Card _____

Credit Card Number _____ Expiration ____ / ____

Credit Card Holder Address _____

Credit Card Holder City _____ State _____ Zip _____

Credit Card Holder Phone# (_____) _____

I am paying for the following passengers:

<u>Passenger Name</u>	(Please Print)	<u>Amount Paid</u>
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____

TOTAL Amount to Charge \$ _____

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

A faxed copy of this form is as valid as the original.

Signature of Card Holder _____ Date ____ / ____ / ____