



**Credit Card Charge Authorization Form**

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential.

Credit Card holders Name: \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

Credit card holders Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit card No \_\_\_\_\_ Exp Date \_\_\_\_\_

Type of credit card \_\_\_\_\_

**Name of all the passengers**

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

I \_\_\_\_\_, understand the policy and here by authorize Family Travel Agency to charge my credit card account in the amount of \$\_\_\_\_\_ for the payment of the above mentioned passengers.

**Please attach the copy of your ID (Drivers License) and copy of front and back side of Credit card.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date