



Cordially Yours Travel

CST-1013939-40

Credit Card Authorization Form

Please review for correct name spelling etc.

FAX NUMBER: 530-676-3758

PHONE: 530-676-7430

Cell: 530-417-0460

Toll Free: 866-877-8747

Once you have approved the invoice I will need: [Include the following information]

A credit card # (Please call OR FAX me rather than e-mail such information)

Name on the Card _____ Please Print

Billing Address of the card

_____ Phone #: _____

Email Address: _____ [Please print]

AMOUNT TO BE CHARGED: _____

Card Type (circle one) Visa MC, AMEX, Discover

Number: _____

Expiration Date _____

CVC Security code on the backside (3/4 digit #) _____

Also, your signature giving me permission to charge your card in the amount of _____

Charge is being made for Deposit/Final Payment for: _____ (Vendor Name)

Dates of Travel: _____ Destination: _____

Print Name of Card Holder _____

Signature of Card Holder _____ Date _____

****Please initial:** Insurance has been offered and coverage is **DECLINED** _____ or **ACCEPTED** _____

Thank you for the business...

Gwendolyn Duncan, CTIE, CTC, MCC, LCS, LS, DS, BA
Owner Cordially Yours Travel

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