



# The TravelLadies

101 Alice Ct.  
Yorktown, VA 23692  
757.886.0911 Phone  
757.886.1423 Fax  
www.traveladies.com

## Credit Card Authorization

PLEASE PRINT AND FILL OUT THIS FORM AND FAX IT TO 757.886.1423

Departure Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Name(s) of Passenger(s): \_\_\_\_\_

\_\_\_\_\_

Cardholders Name: \_\_\_\_\_

Billing Address (as it appears on the statement): Street \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Type (check one): Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_

\*CCV#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Your signature below authorizes The TravelLadies LLC or their authorized supplier to charge your credit card for the amount indicated.

X \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT AND FILL OUT THIS FORM AND FAX TO 757.886.1423**

\*CVV#: Visa & MasterCard: A three digit non-embossed number on the back of the card printed within the signature panel after the account number. American Express: A four digit non-embossed number on the face of the card printed over the end of the account number.



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## Third Party Credit Card Authorization

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IMPORTANT NOTES:- Please fill out this form if:

- 1) you are not the individual travelling
- 2) you are paying for someone who is not an immediate family member
- 3) you are paying for someone who has a different last name than yourself

\*\*If you are travelling and paying for yourself or an immediate family member, please fill out the "Credit Card Authorization Form" instead.

Departure Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Name(s) of Passenger(s): \_\_\_\_\_

\_\_\_\_\_

Cardholders Name: \_\_\_\_\_

Billing Address (as it appears on the statement): Street \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Type (check one): Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_

\*CCV#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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X \_\_\_\_\_ Date: \_\_\_\_\_

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