

Ventura Travel Professionals Credit Card Authorization Form

Travelers Name(s) : _____



Card Holders Phone Number: _____

Card Holders Email: _____

Event Name/Dates of Travel: _____

Amount to be charged for trip: _____

An additional 3.6% Credit Card Processing Fee will be added to your transaction _____ **Initial Here** _____

Credit Card Type: VISA MC AMEX DISC OTHER

Credit Card Number:

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Security Code: _____ **Exp. date:** _____

Cardholder's name as it appears on the credit card:

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Cardholder's billing address:

Address: _____

City: _____ **State:** _____ **Zip:** _____

PLEASE EMAIL this completed form to : Smfj1941@hotmail.com

I _____ authorize the amount above to be charged to my credit card in order make payment.

Signature: _____

Printed Name: _____ **Date:** _____