

TravelVisaExpress.com

**309 Peters st., Unit A
Atlanta, GA 30313
www.travelvisaexpress.com**

Toll-free: 888-263-0023

Fax: 404-827-0435

CREDIT CARDHOLDERS AUTHORIZATION

In lieu of my credit card imprint I (name of card holder shown on credit card) I,
_____ hereby authorize TravelVisaExpress or its
agents to charge my: ___ AMEX ___ VISA ___ MASTERCARD

_____ Exp. _____ in the amount of USD _____

Batch code (for AMEX cards only) _____

Traveler 1 _____

Traveler 2 _____

Traveler 3 _____

For the following services:

My mailing address: _____

Phone: _____ FAX: _____ E-Mail: _____

By signing below, I acknowledge charges described herein. Payment in full to be made when billed or in extended payments in accordance with standard policy of card issuer.

_____ Date: _____

(Signature of cardholder)

**PLEASE FAX US THIS FORM BACK ALONG WITH A LEGIBLE COPY OF YOUR CREDIT
CARD (FRONT AND BACK AND YOUR PHOTO ID)**