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CREDIT CARD AUTHORIZATION

For your protection as well as ours, we will need the following information as authorization to charge your travel arrangements. Please note any cancellation policy. **Please review the following, sign, and return to our office at the fax 360-234-9125. Travel documents cannot be released until our office has received this form.**

Cardholder's Name _____

Home Phone _____

Billing Address _____

Work Phone _____

Please charge the following amount to my credit card specified below:

\$ _____ [] Deposit Due _____

\$ _____ [] Final Payment Due _____

\$ _____ [] Insurance Due _____ [] Accept [] Decline

Credit Card Type & Number _____ Expiration Date _____

Signature of Authorization _____ Today's Date _____
(name as it appears on card)

Please provide a copy of front and back of card for verification.