



# SINGLE USE CREDIT CARD AUTHORIZATION FORM

Dear Travel Customer:  
Thank you for arranging your travel plans through our professional Independent Travel Agent.

This Credit Card Authorization form is required by America's Travel Companies for the purchase of travel by credit card. The purpose of the form is to protect you, the card holder, from fraudulent use of your card.

This is our "single use" authorization meaning that it will only be used for the travel and shipping you stipulate and only up to a maximum amount you authorize.

This authorization will not be used for any other charges including future travel or shipping. **In addition to this**

**form we ask that you supply a photo copy (front and back) of your credit card and drivers license.**

All information is confidential between your credit card issuer, your Independent Travel Agent, America's Travel Companies, Inc. and the travel suppliers involved in your itinerary.

If you should have any further questions regarding this policy, please ask your Independent Travel Agent to put you in touch with one of our reservation agents. We would be happy to answer any questions you may have.

America's Travel Companies, Inc.

## CREDIT CARD AUTHORIZATION

I hereby authorize America's Travel Companies, Inc./Travel 2000 Network, Ltd. and/or their appointed travel suppliers and couriers to charge the card entered below, for the items I have initialed.

Please describe the travel you are authorizing these charges for:

I authorize travel fares and related taxes and surcharges up to an amount of US\$:

\_\_\_\_\_                      \_\_\_\_\_  
Amount    Initial

I authorize shipping charges (usually FedEx) to deliver the travel documents for this booking in a safe manner:

\_\_\_\_\_                      \_\_\_\_\_  
Initial

| CARD TYPE  | CARD NUMBER  | EXP. DATE       | CVV2 CODE |
|--|--------------|-----------------|-----------|
| <input type="checkbox"/> <b>VISA</b><br><input type="checkbox"/> <b>MasterCard</b><br><input type="checkbox"/> <b>AMEX</b><br><input type="checkbox"/> <b>Discover</b> |              |                 |           |
|  | NAME ON CARD | BILLING ADDRESS |           |
|  |              |                 |           |

## CARD HOLDER SIGNATURE

| SHIPPING ADDRESS | DAYTIME PHONE |
|------------------|---------------|
|                  |               |
|                  | EVENING PHONE |
|                  |               |

Are you available to receive signature required deliveries 9am to 5pm Mon-Sat at this address?                      YES                      NO