

## CREDIT CARD AUTHORIZATION FORM

CARD HOLDER INFORMATION			
<b>Full Name:</b>			
<b>Billing Address:</b>			
<b>City:</b>		<b>Province/state:</b>	
<b>Zip/Postal Code:</b>		<b>Country:</b>	
<b>Email Address:</b>			

CARD INFORMATION	
<b>Card Type</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
<b>Card Number</b>	
<b>Card Identification Number (cvc/cvv2):</b> <i>*The last 3 digits on the back of the card</i>	
<b>Name:</b> <i>*as it appears on the card</i>	
<b>Expiration Date</b>	
<b>Authorized Amount:</b> <i>*Indicate currency</i>	

PAYMENT AUTHORIZATION	
<p>I, _____ authorize TRAVEL GUIDE to process a charge against my credit  <i>(Your Name)</i></p> <p>card mentioned above in the amount mentioned above against _____  <i>(Airline Tickets, Travel Insurance, Hajj Trip, Umra Trip, Vacation Trip)</i></p> <p>Phone Number: _____</p> <p>Fax Number: _____</p> <p>Date: _____</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p>

TRAVELERS ON RESERVATION

***Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that reservation maybe immediately cancelled at TRAVEL GUIDE discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported, along with any changes in the status of this card. Applicant also agrees that there will be 4% - service charge - of the authorized amount mentioned above, which will be charged to your credit card.***

I Agree