

AmericaTravels

Credit Card Authorization Form

Phone # 352-324-01 16 Fax # 352-324-0299

Date & Time of Arrival _____

Name & # of Passengers _____

Amount of credit card charges _____

Name (as it appears on *the* card) _____

Cardholder Street Address _____

City, State, Zip code _____

Telephone Number _____

Credit Card Number _____

Expiration Date on Card _____

Amex Visa MasterCard

I hereby authorize the above **charges** to my credit card as indicated above.

Cardholder Signature _____

Date _____

Authorization# _____