

***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)**