

### CREDIT CARD CHARGE AUTHORIZATION

## COMPLETE ALL BLANKS, SIGN AND RETURN

***I, CARDHOLDER...........................................................................................................................……………………………....……………………..***

***AUTHORIZE TO CHARGE MY CREDIT CARD, LISTED BELOW, IN THE AMOUNT OF $.............……….……………+ 5% SERVICE FEE***

***FOR (DESCRIPTION)....................................................................................................................………………….………….……………………....***

***CARD DESCRIPTION, PLEASE CHECK ONE:***

***VISA □ MASTERCARD □ AMERICAN EXPRESS □ DISCOVER □***

***CARD HOLDER’S BILLING ADDRESS:...........................................................................…………………………….....................…………………***

***........................................................................................................................................................……………………………...………………………..***

***CARD HOLDER’S PHONE: HOME........................……………….………..............WORK............…..............…...........................………………….***

***CREDIT CARD #................................……….…………............................. EXPIRATION DATE................……………..SEC. CODE…………….***

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| --- |
| ***IDENTIFICATION IS REQUIRED! PLEASE PROVIDE ENLARGED AND LIGHT******PHOTOCOPY******OF THE CREDIT CARD (FRONT & BACK) AND PHOTO ID OF THE CARDHOLDER*** |

*Clients are responsible to ensure that they have the correct travel documents when travelling. The onus shall remain on the client at all times to ensure that he/she has a valid passport (valid for at least 6 months after return to their country of origin), visas and re-entry permits, vaccinations, inoculations, health requirements (including and not limited to Malaria precaution and yellow fever), International Driver’s License and sufficient travel insurance. CTVC will not be held responsible for any schedule change by the airline.*

***I have read, understood and agreed with the information listed above***

SIGNATURE..............................................................................………………………........................... DATE............................………....................

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