
Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

*All information will remain confidential

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ **(USD)**

I authorize Donovan Travel to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder—Print Name, Sign and Date Below

Signed: _____

Dated: _____

Name: _____

Once Signed, return the completed form to:

Donovan Travel

Email: accounting@donovantravel.com

Fax: (401) 885-5870