



International Vacations, Inc.

CREDIT CARD AUTHORIZATION FORM

Please complete this form and fax it back to International Vacations, Inc with a copy of your itinerary or confirmation email. Please print clearly. Agent must retain original signed copy at agency and release to company if required.

To: International Vacations
Fax: 214-239-2841

Our Agent: _____
Date: _____

I authorize travel agency, _____, and International Vacations, Inc., the airline or ticketing provider of the documents for the below listed passengers only, to charge my credit card in the amount of \$_____ and agree to pay my credit card company for these charges. The signature of file is only valid for the payment amount authorized in this document.

CREDIT CARD INFORMATION

Name as it appears on card: _____

Credit Card type: Visa MasterCard Amex Discover Diners Other

Credit card #:

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CCV: ___ (appears on front of AX or on back in signature line all others) EXP: __/__

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder's home phone: _____

BOOKING INFORMATION

Record Locator: _____ Travel Dates: _____

Names of all passengers traveling on this card:

(Last/First) _____

Card Holders' signature: _____

TRAVEL AGENCY INFORMATION:

Agency name: _____ Arc: _____

Agents' name: _____ Phone: _____