

# Credit Card Authorization



CLIENT NAME:

ADDRESS:

ADDRESS:

CITY:

STATE:

ZIP CODE:

DAYTIME PHONE:

E-MAIL:

CHARGE AMOUNT:

CREDIT CARD

NUMBER:

EXPIRATION DATE:

CVV:

CHECK BOX:

I acknowledge that the information above is correct. I authorize my travel agent, \_\_\_\_\_, of Rooks Island Vacations to charge my credit card in the amount indicated above. I am fully aware of the terms and conditions of this payment, including any applicable cancellation and/or change penalties.

SIGNATURE:

DATE:

NOTES: