



CREDIT CARD AUTHORIZATION

Trip Name: _____ Date: _____
Total Price: Land: _____ Air: _____ Insurance: _____
Other: _____

I authorize use of Credit Card: _____ MasterCard _____ VISA _____ American Express _____ Discover _____ Other
In the amount of: \$ _____

Cardholder's Name: _____ Home Phone: _____ Work Phone: _____
Billing Address: _____

Please charge the following amount to my credit card specified below:
\$ _____ [] Deposit Due
\$ _____ [] Final Payment Due
\$ _____ [] Insurance Due [] Accept [] Decline

Credit Card Number: _____ Expiration Date: _____ Security Code: _____
Signature of Authorization _____ Date: _____

Please provide a copy of front and back of card and driver's license.

Cancellation Policy: _____

By signing this credit card receipt, I acknowledge and accept cancellation penalties; all or part of trip may be non-refundable. I agree not to dispute charges with the credit card issuing bank. My electronic or fax signature is legally binding.

Client Signature: _____ Date: _____

Fax: 801-327-7606
Address: Christopherson Travel
5588 South Green Street
Salt Lake City UT 84123