



Credit Card Authorization

Instructions for use – Please print out, complete, then fax to 972-429-7748 along with a copy of **front and back** of your **driver's license** and **front and back** of the **credit card**. If you have a scanner, feel free to e-mail the information by scanning the front and back of the driver's license and credit card along with this signed, completed form. E-mail can be sent to info@ministrytravel.com.

I hereby authorize Harvest International Travel, Inc./dba MinistryTravel.com to charge my credit card on my behalf as payment for ticket purchases and related travel services and in accordance with all terms and conditions of the sale, change of ticketing, or cancellation of travel.

Name (as it appears on the credit card) _____

Authorized amount \$ _____ **Credit card number** _____

Credit Card Type (circle one): American Express Diner's Club Discover MasterCard Visa

Expiration Date (mm/yy) _____

Billing address of the credit card is as follows: Street Address _____

Addr.2 (apt., suite, etc. if applicable) _____ City _____ ST _____ Zip _____

By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or extended payments in accordance with the standard policy of the company issuing the credit card.

Original Signature of Cardholder _____ **Today's Date** _____

Please complete the information below (as applicable).

Trip Reference: Destination _____ Date of Departure _____ Group Name _____ Other _____