

# CREDIT CARD AUTHORIZATION FORM

UNITED TRAVEL CENTER  
6716 Tulloch Way; Austin, TX 78754  
TEL: (512) 535-4460 FAX: (512) 278-0987 EMAIL: [sales@unitedtravelcenter.com](mailto:sales@unitedtravelcenter.com)

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**CORPORATE ACCOUNTS, CRUISES, INTERNATIONAL TICKETS AND PACKAGE TOURS – ALL AROUND THE WORLD**

I, \_\_\_\_\_, Hereby Authorize United Travel Center/ Third Party/Airline To Charge My Credit Card.

\*\*\* American Express ( ) Master Card ( ) Visa Card ( ) Discover Card ( ) \*\*\*

C.C No. \_\_\_\_\_ Card Holder's Name \_\_\_\_\_

Exp.Date \_\_\_\_\_ CSC No. \_\_\_\_\_ (3 digits card security code - at the back of your card)

Billing Address.

No. / Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. No. Res( ) \_\_\_\_\_ - \_\_\_\_\_ Tel. No.Work( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

The Total Amount of \$ \_\_\_\_\_ (dollar in words) \_\_\_\_\_

Passenger's Name \_\_\_\_\_ on Airline \_\_\_\_\_

Traveling On (date of travel) \_\_\_\_\_ To (destination) \_\_\_\_\_

NOTE: By Signing below, I acknowledge charges described hereon. Payment in full to be made when billed or in extended payment in accordance with the standard policy of the company issuing the Credit Card. I waive my right to dispute these charges. I also understand that in case of Refund / Changes and Cancellation there will be penalties & Charges.

(X) \_\_\_\_\_ Name. \_\_\_\_\_ Date. \_\_\_\_\_  
(Signature of the Card Holder)

Please Fax or email this filled out form along with **Copies of Credit Card Front / Back side and Driver's License.** (Copy must be clear. Best way is to make it light copy and enlarge the photo copy of the Credit Card & Driver License.)

For Office Use (Do not write below this line)

Authorization No. \_\_\_\_\_