



PO Box 723922
Atlanta, GA 31139
Phone (770) 529-1247
Fax (770)529-9592

Great Escapes Travel

CREDIT CARD AUTHORIZATION FORM

NAME(s) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

FAX NUMBER _____

E MAIL ADDRESS _____

CARD TYPE _____ EXPIRATION DATE _____

CARD NUMBER _____

3 or 4 DIGIT SECURITY CODE _____
(found on the back of your card)

CHARGE AMOUNT _____

I acknowledge that the information above is correct. I authorize my agent Susan Rodgers to charge to my credit card the amount noted on this form for my travel arrangements.

X _____
Signature of Cardholder

Date