

VEP ASSOCIATES

PROFESSIONAL SERVICES, LLC

CREDIT CARD AUTHORIZATION FORM

I _____ give authorization to VEP ASSOCIATES PROFESSIONAL SERVICES, LLC dba VEP TRAVEL to charge my credit card.

This form can be used to make **Monthly Payments** per the amount indicated on your invoice and / to purchase **Vacation Insurance**. Recurring monthly payments can be made by checking the box below. Payment covers the following guest(s).

NAME OF GUEST (S): _____

NAME OF GUEST (S): _____

NAME OF GUEST (S): _____

NAME OF GUEST (S): _____

DATES OF TRAVEL _____

PLEASE CHECK ONE: VISA ___ MASTERCARD ___ AMERICAN EXPRESS ___ DISCOVER ___

CREDIT CARD #: _____ EXP DATE: _____

3 DIGIT CODE: _____ 4 DIGIT CODE ON AMERICAN EXP CARD _____

AMOUNT TO BE CHARGED: \$ _____

MONTHLY TRAVEL PAYMENT

CHECK ONE:

ONE TIME PAYMENT: _____

PAY EACH MONTH: _____

AMOUNT TO BE CHARGED: \$ _____

TRAVEL INSURANCE: YES ___ NO ___ PLEASE CHECK

NAME ON CREDIT CARD: _____

BILLING ADDRESS OF CARD HOLDER:

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: DAY _____ EVENING _____

CARD HOLDER'S SIGNATURE: _____

APPROVAL NUMBER _____ DATE: _____