

# VEP ASSOCIATES

## PROFESSIONAL SERVICES

### CREDIT CARD AUTHORIZATION FORM

I \_\_\_\_\_ give authorization to VEP ASSOCIATES PROFESSIONAL SERVICES 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: \_\_\_\_\_