



Credit Card Authorization Form

Date:

Our Trip Number #:

PLEASE COMPLETE THE FOLLOWING:

1. Name as it appears on the credit card [First & Last Name] _____
2. Zip code of credit card _____
3. Type of credit card: (Check one)
MASTERCARD VISA DISCOVER AMERICAN EXP

ACCOUNT #: _____

Security code on back of card _____

4. Expiration Date: (MM/YY) _____

5. The Amount you authorize us to charge your credit card:

\$ _____

6. You must sign on this line to authorize us to charge the above amount to your credit card.

_____ (Signature of cardholder)

7. Please fax this completed form back to (734) 544-3421 or e-mail to 135Dispatch@KalittaCharters.com