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Credit Card Authorization Form

PLEASE PRINT

Name of Cardholder: _____ (as it appears on the card)

Billing Address: _____

City, State, Zip Code: _____

Telephone #: _____

Visa _____ Master Card _____ Amex _____ Discover _____

Credit Card Number: _____

Exp. Date: _____ CVV (3 digits) Number: _____

Email Address: _____

Payment For: _____
(Destination and/or Resort)

I certify that I am the authorized holder and signer of the credit card reference above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges associated with the above trip only. Charges may not exceed the amount quoted without my written approval. I understand this is only for the services referenced above. If additional charges are going to be authorized for a new trip, a new form will need to be completed.

Signature of Cardholder: _____ Date: _____