

### Credit Card Authorization Form

I, (name: ) \_\_\_\_\_ as the *credit card holder*, hereby authorize **SUMMER TRAVEL** and its **Ticket Agency**, to charge my credit card account in the amount not to exceed: (US \$) \_\_\_\_\_.

( ) VISA ( ) MasterCard ( ) American Express ( ) Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: (if Not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

#### Passenger(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Departure City: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Return: \_\_\_\_/\_\_\_\_/\_\_\_\_ Carrier(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

\*Attach additional page if needed

I acknowledge and hereby to declare that all of above information is true and correct. I also acknowledge Penalties and Service Charges will be applied to changes and cancellations of tickets. I authorized the release of my credit card information for SUMMER TRAVEL and its ticket agency to charge to my credit card account mentioned above if such circumstances occur.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\*\*\*Please attached a copy of your credit card and a copy of a valid State photo ID below.

<p><b>Your Credit Card Copy (front side)</b></p>
--

<p><b>Copy of a valid State photo ID such as <i>Driver License</i>..</b> (In order to protect the cardholder against fraud, this photo ID verification is a must.)</p>
--

Please fax the completed form back to Summer Travel @ 617-328-0206.  
Or, Scan and email the image file to [travel@summertravelonline.com](mailto:travel@summertravelonline.com).