

**Susan Parr Travel, Inc.**  
**CREDIT CARD AUTHORIZATION**

In lieu of my credit card imprint, I \_\_\_\_\_  
(Name of card holder as shown on Credit Card)

Hereby authorize **SUSAN PARR TRAVEL** to charge my \_\_\_\_\_  
(Credit Card Name)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

In the **TOTAL** amount of U.S. Dollars: \$ \_\_\_\_\_ for payment of  
myself and/or \_\_\_\_\_  
(Full name of passenger(s) if other than Card Holder)

For the itinerary as follows: \_\_\_\_\_  
(Complete routing only)

My Credit Card Billing Address:

Contact Phone Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Note: Identification is required**

Please provide front and back photocopy of **Credit Card** and one **Picture ID**. Please make sure that the signatures are legible and match the card holder signature.

By signing below, Card holder acknowledges receipt of goods and/or services in the amount of the TOTAL shown hereon and agrees to perform the obligations set forth in the card member's agreement with the Issuer.

Card holder acknowledges that there may be specific penalties for cancelling reservations after ticketing and agrees to pay such penalties. The penalty for canceling or changing this particular reservation is as follows:

Change: \_\_\_\_\_ Cancel: \_\_\_\_\_

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature of Card holder)

This form must be submitted to Susan Parr Travel prior to ticket issuance. Incomplete or false statements shall be considered sufficient cause for denial of service.

**Susan Parr Travel, Inc.    FAX: (360) 452-9018**