

CREDIT CARD AUTHORIZATION FORM



If you are using a credit card to purchase travel or services, please complete, sign and return this form.

Date: ___/___/___

Cardholder Name (name as it appears on the card) _____

Billing Address _____

City _____ State _____ Zip _____

Ph (H) _____ Ph (W) _____ Fax _____

Name of client if other than Cardholder _____

Credit Card Type (circle one): VISA MASTERCARD AMEX OTHER _____

Credit Card Number _____ /CVV _____ Exp. Date _____

Description of Services Being Purchased _____

Amount: \$ _____

Notes: _____

I am a client of Pothos. I authorize Pothos to charge these purchases, as indicated above, to my credit card. Furthermore, I authorize Pothos to obligate any travel supplier credit card authorizations on my behalf, and intend such signature to bind me the same as if I had personally signed, and charge those purchases to my credit card account upon my instruction. I agree that I will pay for such purchases.

Please print your name and sign below.

CARDHOLDER

Printed Name

Signature

Please return authorization form with copy of front and back of the credit card and identification of cardholder