Credit Card Payment Authorization Form

Sign and complete this form to authorize SJM Travel Advisor to make a onetime charge to your credit or debit card listed below.

By submitting this form, you give us permission to charge your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I authorize SJM Travel . (full name)	Advisor or it's	s vendor to charge	my credit card
account indicated below for on or aft (amount) travel and events planning services.	er(date)	This payı	nent is for
Billing Address City, State, Zip		Phone#	
Account Type: Visa MasterCard	AMEX	Discover	
Cardholder Name			
Account Number			
Expiration Date CVV2 (3 digit number on back of Visa/MC, 4 dig	gits on front of	AMEX)	
SIGNATURE		DATE	

Please complete the information below:

I authorize **SJM Travel Advisor** to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



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Name*

First Name Last Name

I authorize SJM Travel Advisor to charge my card by said supplier confirmed via email.

Type of Reservation*

I authorize a payment in the amount of _____. (USD\$)*

Please enter a value greater than or equal to 1.

I agree to pay the entire balance of the reservation and any charge backs billed to SJM Travel Advisor. if applicable.*

\square	l agree
	l agree

I have been informed of the cancellations fees and accept the full payment terms of this reservation.*

□ I accept

2

