

EXECUTIVE TRAVEL AND TOURS

CREDIT CARD AUTHORIZATION FORM

I, _____ [Cardholder's Name], hereby authorize Executive Travel and Tours to charge my credit card for the travel and/or tour services as detailed below.

- Card Type: _____
- Card Number: _____
- Expiration Date: _____
- Security Code/CVV: _____

Billing Address:

- Address Line 1: _____
- Address Line 2: _____
- City: _____
- State/Province: _____
- Zip/Postal Code: _____
- Country: _____

I authorize charges for:

- Description of Services: _____
- Total Amount: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Executive Travel and Tours in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.

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.

- Cardholder's Name (Print): _____
- Cardholder's Signature: _____
- Date: _____

For any questions concerning this authorization, please contact us at
info@executivetnt.com

Thank you for choosing Executive Travel and Tours.