

Credit Card Authorization Form

Print, Sign and Email to Kip A photo or scanned copy works great!

CARDHOLDER INFORMA	HON:		
Full Name:		Email:	
BILLING ADDRESS:			
Address:		City:	
State:	Zip:	Phone:	
CARD DETAILS:			
☐ Visa	☐ Discover		
☐ MasterCard	☐ Amex		
*For security, please ca	all Kip with your card number. 925-	223-8183	
TRIP DETAILS:			
Start Date:	End Date: _		
Type of Travel:			
Flight	☐ Cruise		
☐ Tour	☐ Hotel/Resort		
CARDHOLDER SIGNATUR	RE:		
Signature [.]		Date:	