

Credit Card Authorization Form

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

CARDHOLDER INFORMATION	ON:		
Full Name:		Email:	
BILLING ADDRESS:			
Address:		City:	
State:	Zip:	Phone:	-
CARD DETAILS:			
☐ Visa	☐ Discover		
☐ MasterCard	☐ Amex		
*For security, please call I	Kip with your card number. 925-6	66-8964	
TRIP DETAILS:			
Start Date:	End Date:		_
Type of Travel:			
Flight	☐ Cruise		
☐ Tour	☐ Hotel/Resort		
CARDHOLDER SIGNATURE	:		
Signature:		Date:	