



Credit Card Authorization Form

Please complete all fields. This information will be stored securely. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Billing Information

Cardholder Name (as shown on card): _____

Billing Address: _____

Credit Card Information

Card Type: MasterCard VISA Discover AMEX

Other _____

Card Number: _____

Expiration Date (mm/yy): _____

CVV Code (on back of card): _____

I authorize Kelly Horvath (agent at Looking Glass Travel) to charge my credit card above for agreed upon purchases. I understand that my information will be securely saved to file for future transactions on my account and that I can request to have that information destroyed at any time.

Customer Signature

Date

Email form to hello@adventuresbykelly.com