



Credit Card Billing Authorization Form

Customer Name: _____

Customer Address: _____

Credit Card Type: MC Visa (Circle One)

Credit Card Number: _____

Three Digit Security Code: _____

Expiration Date: _____

Cardholder Name: _____

Credit Card Billing Address: _____

Credit Card Billing Zip Code: _____

Recurring Billing Amount: \$ _____

I hereby authorize TravelEze to debit my credit card monthly quarterly (circle one) for the amount listed above for the term of one year. This authorization cannot be canceled for any reason and is fully earned at the time of purchase.

Cardholder Signature: _____

Date: _____

Sign along with the License Agreement and Fax Back to TravelEze Fax # 831-658-0802