



## Credit Card Authorization

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CLIENT NAME:

ADDRESS:

ADDRESS:

CITY:

STATE:

ZIP CODE:

DAYTIME PHONE:

E-MAIL:

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CHARGE AMOUNT:

CREDIT CARD

NUMBER:

EXPIRATION DATE:

CVV:

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CHECK BOX: I acknowledge that the information above is correct. I authorize my travel agent, \_\_\_\_\_, of Thomas Hogan Travel to charge my credit card in the amount indicated above. I am fully aware of the terms and conditions of this payment, including any applicable cancellation and/or change penalties.

SIGNATURE:

DATE:

NOTES: