

Elizabeth Caran · Travel Agent

Phone 919-264-6764

Email: elizabeth@outlandertravel.com **Website:** http://outlandertravel.com

Credit Card Authorization

Signature and Date: ___

For our mutual protection, this form authorizes u Please fax or email (scanned) the completed form				
Credit Card Type: American Express	Visa	MasterCard	Discover	
Credit Card Number		Card Secur	ity Code	_
Expiration Date	Amount A	uthorized		
Cardholder Name (as it appears on card)				_
Billing Address				
CityState	:e	_ Zip code		
Telephone	Home	Cell		
E-Mail:				
Required Documentation: 1. Signed Credit Card Authorizat 2. Legible copy (front and back) 3. Copy of current Driver's Licens	tion Form. of credit car		s of credit card.	
Cardholder Authorization				
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