three seas travel

Cardholder Authorization Form

(All Fields Required - PLEASE PRINT LEGIBLY)

AGENT INFO

Agent Name: Jenni Konrad _____

Agent ID #: 20037102 _____ Date: _____

CARDHOLDER AUTHORIZATION

I, _____ have authorized

(company)_____ to charge the amount of $_____

to my: ☐ **Visa** ☐ **MasterCard** ☐ **Discover** ☐ **American Express** for the following

services: _____

_____

_____

I have been informed of the cancellation policies for our travel services and have been made aware of the benefits of travel protection. At this time I have decided to _____Accept _____Decline or _____Defer travel insurance at this time. (Please initial)

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

☐ Visa
☐ MasterCard
☐ AmEx
☐ Discover

Card Number

Exp. Date

		/			

CVV Number (required)

VISA, MASTERCARD, DINERS & DISCOVER credit cards have a three-digit (CVV) number. It is printed in the signature panel on the back of the Visa, MasterCard and Discover cards. The verification number is the last 3 digits on the right side of the panel. **AMERICAN EXPRESS** credit cards have a 4 digit non-embossed number. It is printed above the account number on the front of your card. It may appear to the left or to the right, but it is always above your account number. **DEBIT CARDS** or if your card has no verification code, enter 0000 in the CVV/CID field.

Signature of Cardholder: _____ Date: _____

Authorization:

I hereby authorize _____ to charge the indicated credit card listed above for the travel services stated above. I guarantee and warrant that I am the legal cardholder for this credit card.

This form is for your own record keeping to be included in your client's file.
It is not necessary to send this form to KHM Travel corporate office or accounting.

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CREDIT CARD AUTHORIZED TRANSACTIONS

Name: _____

Trip Summary (Destination): _____

_____

_____

Number of Passengers Traveling: _____

Special Notes: _____

_____

_____

_____

Total Cost/Charges: _____

Inital Deposit:_____   Date: _____

Add'l amt paid:_____   Date: _____

Add'l amt paid:_____   Date: _____

Add'l amt paid:_____   Date: _____

Final payment:_____   Date: _____

Comments: _____

_____

_____

_____

_____