

CREDIT CARD AUTHORIZATION LETTER

Date_____

I,_____ authorize Travel Scope Travel Agency to make charges for my travel arrangements using the credit cards listed below.

I acknowledge that there may be substantial penalties and/or no refund of the amount charged should I change and/or cancel any of the travel arrangements booked through Travel Scope Travel Agency.

Charge to Credit Card account_____

Security Code on back of card- front if AX_____

Expiration Date_____

Name on Credit Card_____

Address to which credit card statement is sent:

Street_____

City_____ State_____ Zip Code_____

Authorized Signature_____

FAX to Travel Scope Travel Agency 608-755-6015