



Today's date: / /

Charge card authorization

Please allow this notification to serve as authorization to use the following credit card as form of payment for traveler(s) as noted:

_____ exp. ____/____
Credit card number 3-digit security code

Name as it appears on charge card

Billing address of above credit card

City _____ ST _____ Zip _____

Card holder telephone number _____ - _____ - _____

Print traveler's names below:

\$ _____
Authorized amount

By signing this authorization, I take full responsibility of charges and agree and understand that all of the information as outlined is true and accurate.

X _____
Signature of cardholder

Print name

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www.FrankenmuthTvl.com

Grand Blanc - 2467 E. Hill Rd., 810.695.6170
Frankenmuth - 459 N. Main Str., 989.652.9977
Bay City Travel - 4335 Wilder Rd. 989.684.3506
Traverse City - 13919 S. W. Bayshore Rd. 231.668.6838