

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN All information will remain confidential

Name on Card:
Billing Address:
Credit Card Type: Visa Mastercard
Credit Card Number:
Expiration Date:
Card Identification Number: (The 3 digits located on the back of the credit
Amount of Charge: \$ card) (USD)

I authorize United Travel Deals Corp to charge the amount listed above plus 4% credit card fees to the credit card provided herein. I agree to pay for this amount in accordance with the issuing bank cardholder agreement

Cardholder – Please Sign and Date
Signature:
Date:
Print Name:
Phone # :
Email:
Pls return this signed form and copy of your ID and Credit Card to the following:
United Travel Deals

info@unitedtraveldeals.com