

# DECADENT TRAVEL

## **CREDIT CARD AUTHORIZATION**

For your protection as well as ours, we will need the following information as authorization to charge your travel arrangements. \*Please note cancellation policy. **Please review the following, sign, and return to our office. Decadent Travel documents cannot be released until our office has received this form.**

Cardholder's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Billing Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Please charge the following amount to my credit card specified below:

\$ \_\_\_\_\_ [  ] Deposit Due \_\_\_\_\_  
\$ \_\_\_\_\_ [  ] Final Payment Due \_\_\_\_\_  
\$ \_\_\_\_\_ [  ] Insurance Due \_\_\_\_\_ [  ] Accept [  ] Decline

Credit Card Type & Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV # \_\_\_\_\_

Signature of  
Authorization \_\_\_\_\_ Today's Date \_\_\_\_\_  
(name as it appears on card)

***Please provide a copy of front and back of card for verification.***

**\* Refer to specific Supplier's Cancellation Policy**

**Phone: 303 997-5262      Fax: 720 484-5082**

**Email: [kunz@decadenttravel.com](mailto:kunz@decadenttravel.com)**

**WWW.DECADENTTRAVEL.COM**