

## CREDIT CARDHOLDER AUTHORIZATION

In lieu of my credit card	l imprint, I ,(Name of Cardholder as		
hereby authorize Encor	(Name of Cardholder as re Travel (and/or their authorized su	shown on Credit Card) uppliers) to charge my	
<u>Visa / MC / Amex</u> (Circle One)	(Credit Card Number)	/ (Expiration Date)	
in the amount of \$	as payment for the following services:		
for myself (and/or	(Full name(s) of Passenger other tha	n Cardholder)	
My billing address: _	Phone: (Home)		
		(Office)	
	By signing below, I acknowledge charges described herein. I am aware that these services may be subject to substantial fees for cancellation or changes, or they may be non cancelable. The payment amount may be charged all at once or may be spread over several payments.		
(Date Signed)	X(Signature of	X(Signature of Cardholde)r	

For rapid service, please fax it signed and filled out to (408) 867-7425.

Please include (1) a copy of the front and (2) back images of your credit card and (3) a photo ID.

You can also mail the form and the copies to our address below.