



CREDIT CARD CHARGE AUTHORIZATION

PLACE CREDIT CARD INFORMATION IN THE SPACE PROVIDED. THIS IS FOR YOUR PROTECTION. KEEP IN YOUR FILES FOR FUTURE ORDERS.
DO NOT SEND TO US UNLESS REQUESTED

___ American Express ___ Visa ___ Master Card ___ Other _____

Passenger Name/s _____

Description of charge _____

Res # _____ Dates _____

Name as it appears on Card _____

CC # _____ Exp _____

Passenger Home Address _____

Phone _____

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Signature of Card Holder _____ Date: _____



200 Commerce Drive
Peachtree City, GA 30269
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