

ADTRAV Credit Card Authorization Form

Please Mail or Fax this form to:

ADTRAV Corporate Services
4555 Southlake Parkway
Birmingham, AL 35244
Phone: (205) 444-4800
Fax: (205) 444-4808

I, _____ hereby authorize ADTRAV Corporate Services to charge the items as indicated below to the credit card as provided in this authorization form.

Credit Card Type _____ Name on Card _____

Credit Card #: _____ Security # (on back of card): _____ Expiration Date: _____

Billing Address: _____

This card may be used for the following passengers: _____

Items that may be charged to this card:

Hotel Room and Tax Food and Beverages Incidentals

Airline Tickets Car Rental Cruise Deposit

Other

Please list other: _____

Please provide a copy of your Credit Card Front and Back

Signature _____ Date _____