



**Address: 28965 Ryan Rd MI 48092**

**Tel: 586-578-9126 Fax: 586-578-9130**

**Email: fly@amitytravel.net**

**Website: www.amitytravel.net**

### **Credit Card Payment Authorization Form**

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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**Please complete the information below:**

I \_\_\_\_\_ authorize Amity Travel to charge my credit card  
(Full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(Amount) (Date)  
\_\_\_\_\_  
(Description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

**Note:**

- 1. Please send a copy of the credit card front & back.
- 2. Please send a copy of the card holders personal ID.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.