

Authorization for Credit Card Use

STERN TRAVEL GROUP LLC

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ Amex

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Please return the completed and signed form by email to: sternrandy@aol.com