



Credit Card Authorization Form

Credit Card Authorization Agreement

I hereby authorize Victory Travel, Inc., to charge my credit/debit card. I understand that should there be any issues with the credit/debit card being used to make these charges, I will be responsible for all charges associated with this transaction. Please fax the completed form to (804) 364-2202.

Cardholder Information

Name as it appears on the credit/debit card: _____
Card Type: VISA MC DISCOVER
Account Type: Personal Corporate/Company Name: _____
Issuing Bank: _____ Bank Ph. #: _____
Account Number: _____ Exp. Date: _____
Address (where statement is mailed): _____
City, State, Zip: _____
Phone #: _____ Cell or Fax # _____
Initial here to indicate ghost card: _____ Security Code (found on back): _____

Applicable Charge(s)

Deposit: \$ _____ Payment in Full: \$ _____
 Balance: \$ _____ Other: _____ \$ _____

Convenience Fee: A convenience fee of 2.5% will be added to the total payment.

Signature

I certify that I am the authorized signer of the credit/debit card listed above.

Authorized Signature: _____ Date: _____