



9324 Rosner Drive, Suite A, Lenexa, KS 66219
www.travelconceptsks.com
Phone: 913-888-1671 Fax: 913-888-7870

CREDIT CARD AUTHORIZATION FORM

Date: _____

This will serve as my Letter of Authorization, allowing TRAVEL CONCEPTS, INC.

To utilize my _____ credit/debit/1-time use card (please indicate), drawn on _____ (Bank name, if applicable).

Credit card account # _____ Expiration _____

***Include C.V.V. 3-digit security code (located by signature):** _____

PLEASE NOTE: Payment disbursements may be made to various vendors to satisfy your travel account in its entirety. Travel Concepts, Inc. is considered a vendor.

By signing below, I acknowledge that I understand I may not be entitled to a full refund should my travel plans change and any cancellation or change fees apply:

Authorization Signature _____

Please print name as it appears on card _____

Please indicate if credit card _____ debit card _____ 1-time use card _____

The total authorized charge is: \$ _____

Billing Address (street, city, zip) of Credit Card Holder _____

Phone Number _____

I/We understand that the charge is inclusive of the following:

___ Deposit ___ Intermediate Payment ___ Balance Payment ___ Airline

___ INSURANCE ___ OTHER (Please indicate _____)

Additional Comments, to include description of your travel program: _____
