

Globester LLC Credit Card Authorization Form

Fax completed form to the number below

CREDIT CARD INFORMATION

Name: _____ (as shown on CREDIT CARD)

Credit Card Type: VISA MC AMEX DISC OTHER

Credit Card No:

CCV: [what is a ccv number ?](#) Exp Date: /

Billing Address: _____

Card Holder's Home Phone: _____

BOOKING INFORMATION

Reference Code: _____

NAMES OF ALL TRAVELERS TRAVELING USING THIS CREDIT CARD:

1) _____ Charge Amount per Adult _____ Child _____ Infant _____
(Last Name) (First Name)

2) _____ Charge Amount per Adult _____ Child _____ Infant _____
(Last Name) (First Name)

3) _____ Charge Amount per Adult _____ Child _____ Infant _____
(Last Name) (First Name)

4) _____ Charge Amount per Adult _____ Child _____ Infant _____
(Last Name) (First Name)

TOTAL CHARGE =

I hereby authorize Globester LLC to charge my card in the amount of \$ _____ for payment of tickets for all the above travelers.

(PRINT NAME & SIGN - SIGNATURE OF CARD HOLDER MUST BE SAME AS SHOWN ON CARD)

Please fax this completed form to 1-650-230-7184 (press 2 if voicemail starts)

- All sections, calculations, and customer's credit card billing address must be completed in this form.
- Credit Card holder (or authorized signer for corporate cards) must sign the form above. Trans Am Tours or Skybird Travel and Tours or Gala Travels or Picasso Travel may appear on the cardholder's statement.
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