



Credit Card Authorization Form

39200 State St, Fremont CA 94538. Ph:(866) 578-9068

I _____ hereby authorize TRIPXPERTS.COM to charge my
Credit Card for travel purposes.

PASSENGER NAME: _____

NUMBER OF PASSENGERS: _____

Reservation No: _____ Date of Travel: _____

Card Holder Name: _____

Card Holder TEL# _____

Card Holder Type: VI MC AX DC DS

Credit Card # _____ Exp. Date: ____/____

Charge Amount 1) \$ _____ 2) \$ _____
Per passenger

3) \$ _____ 4) \$ _____

TOTAL AMOUNT TO BE CHARGE TO CREDIT CARD: \$ _____

Billing address: _____

Issuing Bank name: _____

Bank Customer Service Tel# (_____) _____

V-code on back of Card: _____ (V-code on back of card)

**I understand the Refund/Cancellation Penalties that have explained
to me relating type of purchase.**

**Please fax this form to (510)743-0664 with
CREDIT CARD FRONT AND BACK AND A VALID PICTURE ID.**

Signature of Cardholder: _____