

# Credit Card Authorization Form



If you are using a credit card to purchase travel or services, please complete, sign and return this form.

Date \_\_\_ / \_\_\_ / \_\_\_

Cardholder Name (name as it appears on the card) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ph (H) \_\_\_\_\_ Ph (W) \_\_\_\_\_ Fax \_\_\_\_\_

Name of client if other than Cardholder \_\_\_\_\_

Credit Card Type (circle one): VISA MASTERCARD AMEX OTHER \_\_\_\_\_

Credit Card Number \_\_\_\_\_ /CVV \_\_\_\_\_ Exp. Date \_\_\_\_\_

Description of Services Being Purchased \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

I am a client of Pothos. I authorize Pothos to charge these purchases, as indicated above, to my credit card. Furthermore, I authorize ~~the~~ Pothos to obligate any travel supplier credit card authorizations on my behalf, and intend such signature to bind me the same as if I had personally signed, and charge those purchases to my credit card account upon my instruction. I agree that I will pay for such purchases.

**Please print your name and sign below.**

## CARDHOLDER

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Please return authorization form with copy of front and back of the credit card and identification of cardholder.