



P.O. Box 30798 Wilmington, DE 19805
302-658-2900 FAX: 302-709-2329

Credit Card Authorization

I, _____, authorize Creative Travel, Inc. or one of its travel
(name of Card Holder)

partners to charge \$_____ towards my Visa/MC/Discover/AMEX card.

My card number is _____ and my expiration date is _____.

The name as it appears is _____

The actual billing address is _____ Zip Code _____

The Security code on this card is _____

This authorization is for this transaction only and is not an on-going authorization.

(Signature of Card Holder & Date)

**Please fax back to Creative Travel Inc.
302-709-2329**