



PO Box 57, Magnolia, DE 19962 | [relaxingvacations.com](http://relaxingvacations.com) | 800.674.1899

**CREDIT CARD PAYMENT AUTHORIZATION FORM**

**Trip details:** Travel Dates: \_\_\_\_\_ Destination: \_\_\_\_\_

**Trip Insurance:**  purchase \_\_\_\_\_ (initial here)  decline \_\_\_\_\_ (initial here)

**Credit Card Information:**

**one-time payment** \_\_\_\_\_ (initial here) authorizing \$ \_\_\_\_\_ USD

**OR**

**reoccurring payments** – I authorize regularly scheduled payments to my credit card. I will be charged the amount indicated below each billing period. I agree that no prior notice will be provided unless the date or amount changes, in which case Relaxing Vacations will notify me prior to charging my credit card.

frequency \_\_\_\_\_

amounts of \$ \_\_\_\_\_ USD, start date \_\_\_\_\_

Cardholder's Name as it appears on the card (print only): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ **OR**  I prefer to call my agent with my credit card #

Credit Card Expiration Date: \_\_\_\_\_ (month) / \_\_\_\_\_ (year)

Credit Card CVV Code (3 or 4 digit code): \_\_\_\_\_ **call agent with this #** \_\_\_\_\_

Complete Credit Card Billing Address: \_\_\_\_\_

I authorize Relaxing Vacations Travel Agency, LLC to charge the credit card indicated in this authorization form to the terms outlined above. The payment authorization is for travel services as described above. Furthermore, I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company as long as the transaction corresponds to the terms as indicated on this form.

**Credit Cardholder's signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**Thank you for your business! We look forward to building a long-lasting relationship with you.**