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Credit Card/Debit Authorization Form

I, _____, hereby authorize Ernestine "Tina" Price of TP Enterprise Express Travel Agency/Supportive Vendor to charge my credit/debit card

Card Number no. _____

Expiration date: _____ and your 3 or 4 security code _____ from the back or front of your card in the amount of \$_____ for the following services: _____

Please circle the type of card

Visa Master Card

Name: _____ (Name on the Card)

Address: _____ (Billing address)

City State Zip

Phone Number: _____

Email: _____

I/we are aware of any cancellation policies and agree not to dispute or attempt to charge back any of the above signed and acknowledged charges. All monthly payment is required, and if any payment is missed, a late fee will be applied to all missed payments.

Cardholder's Signature: _____

Date: _____

**All transactions funding is non-refundable & non-transferable
I/we were offered Travel Insurance.**