

SUPER EAGLE TRAVEL, INC. | 6715 Backlick Rd, Ste 212, Springfield VA 22150 |  
Phone: 703-854-1850 | Fax: 703-854-1852 | www.supereagletravel.com |

# Credit Card Authorization Form

Name of Passenger(s): \_\_\_\_\_

**Address:** (Credit Card Billing Address)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Information:** Visa/ MasterCard /American Express (Encircle One)

Card Holder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_ 3 Digit Security Code (on the back of the card) \_\_\_\_\_

Issuing Bank/Co: \_\_\_\_\_

Total Amount to be charged (USD): \$ \_\_\_\_\_

**For Verification:**

Must provide following along with this authorization before tickets can be issued -

1. Copy of the **Credit Card** being used (front and back)
2. Copy of the **Driver's License** of the card holder

3. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

I, the authorized holder of the credit card listed above, hereby authorize Super Eagle Travel, Inc. to charge my credit card for all travel expenses/services in the amount listed above.

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(signature of card holder)

Please **FAX** your completed form to **703-854-1852** or **EMAIL** to **supereagletravel@gmail.com**

**FOR OFFICE USE ONLY**

Private Fares Record Locator: \_\_\_\_\_ Fare Basis: \_\_\_\_\_ Tour Code: \_\_\_\_\_ Issuing Agent: \_\_\_\_\_