

# High Plains Travel Credit Card Authorization Form

**Customer must SIGN this form**

**Est. Departing Date:** (mm/dd/yy)

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**All Passengers Names as they Appear on Drivers License.**

1-	
2 -	
3-	
4-	

Card Holder Name:

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Card Holder Billing Address:

Address:		
City:	State:	Zip:
Card holder's home phone number:		

**Credit Card:** (Check one)

Visa       Master Card  
 American Express

Credit Card Number:

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Credit Card Security Number:

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The last 3 digits on the reverse of card (AMEX 4 digits on the front of the card)

Credit Card Expires: (mm/yy)

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**Amount Authorized:**

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**Card Holders Signature:**

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**Date**(mm/dd/yy):