

Artisan Travel
Credit Card Authorization Form/Statement of Understanding
369 Pine Street, Suite 222, San Francisco CA 94104
(415) 362-6662/Fax (415) 362-2233

I, _____ hereby authorize ARTISAN TRAVEL and it's agents to charge my credit card account number listed below for air and/or travel arrangements booked with Artisan Travel

Passenger Name(s) _____

Airlines _____ Destination _____

Credit Card Billing Address _____

Passenger Home Phone _____ Business _____

Email address _____

Credit Card Number _____ Exp _____
(circle) Visa Mastercard Am Exp Discover

Cardholder Name _____
(as it appears on credit card)

Authorized Amount to Charge _____

Description of Charge _____

Signature of Cardholder

Date

IMPORTANT: PROVIDE LEGIBLE FRONT/BACK COPY OF CREDIT CARD ALONG WITH THIS FORM AND COPY OF DRIVERS LICENSE

PLEASE FAX INFORMATION TO (415) 362-2233 OR SCAN AND SEND BY EMAIL TO TRIPS@ARTISANTRAVEL.COM