

Artisan Travel

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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

and/or YOUR TRAVEL AGENCY _____

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

TRAVEL AGENCY AUTHORIZATION

TRAVEL AGENCY: _____ ARC/IATA _____

ADDRESS: _____ CITY/ZIP _____

PHONE _____ EMAIL _____

CALIFORNIA SELLER OF TRAVEL REGISTRATION NO. _____

TRAVEL AGENT AGREEMENT: I _____ FROM _____

DO HERBY AGREE THAT I WILL TAKE FULL RESPONSIBILITY FOR THIS CREDIT CARD TRANSACTION SHOULD IT RESULT IN ANY CREDIT CARD CHARGEBACKS OR DENIAL OF PAYMENT FROM THE ABOVE CARD HOLDER

MANAGER/OWNER

DATE