

# CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:		
<b>COMPANY NAME / Name:</b>		
<b>Person Authorizing:</b>		
<b>Credit Card Type:</b>	Visa [ <input type="checkbox"/> ] MasterCard [ <input type="checkbox"/> ] Amex [ <input type="checkbox"/> ] Discover / Novus [ <input type="checkbox"/> ] Other, please specify:	
<b>Issuing Bank:</b>		
<b>Credit Card Number:</b>		
<b>Enter CVC number:</b>	Last 3 digits from the back of card or 4 digits from face of card.	
<b>Expiration Date:</b>		
<b>Billing Address:</b>		
<b>City:</b>		
<b>State/Province:</b>		
<b>Zip/Postal Code:</b>		
<b>Country:</b>		
<b>Phone Number:</b>		
<b>Fax Number:</b>		
Please select one of the Following Payment Options:		
<b>Once</b>	Bill my credit card once for the following amount:	
	Please apply this payment to the following Insertion Order/Invoice #	
<b>Monthly</b>	Bill my credit card once per month for the amount of service provided each month for all contracts with 3KM Travel.	
<p style="text-align: center;"><b>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at 3KM Travel's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to info@3kmtravel.com.</b></p> <p style="text-align: center;"><b>Changes in the status of this card can also be reported to accounting@3kmtravel.com.</b></p>		

The undersigned is the duly authorized representative of the \_\_\_\_\_ above.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_