

CARDHOLDER AUTHORIZATION FORM

				to secure / confirm you	
				ions Travel Advisors and/ or	
Frosch Travel and/or the suppliers engaged in my travel arrangements to charge the amount of for the following services:					
DESCRIPTION OF THIS PURCHASE:					
	D YOUR DRIVERS LIC			E FRONT & BACK OF YOUR ACK TO OUR OFFICE AT	
Charge my: "X" to indicate the card being used.					
☐ American Express ☐ MasterCard ☐ Visa ☐ Discover ☐ Diners/Enroute					
Security Code:	- fall a format of America	** Call a	-ff:+ F04 204 0	227 to manda	
3-Digit CID # IMPRINTED on the back strip of all this inform			our office at 504-304-9227 to provide mation. Do not inclu <mark>de on this form.</mark>		
other cards This is for your protection. **					
CARD ACCOUNT NUMBER:			EXPIRATION DATE/ YEAR:	/	
NAME ON CARD:			ISSUING BANK:		
BILLING ADDRESS OF C	LARD:				
cardholder signature: X					
DATE:					
acknowledged charges. B	y signing this you agree to th	e terms and conditions	s found on our we	any of the above signed for and eb-site and those of the suppliers delay and loss of space held or	
	ES: If this charge will process king place – advising the cou			nd you phone your card issuer to name of the merchant.	
<i>X</i>					
Cardholder Initial					

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