



**4201 Westgate Ave.  
Suite A 15  
West Palm Beach, FL 33409  
Tel: 561-683-0044 Fax: 561-683-0045**

### **Credit Card Authorization Form**

I hereby authorize **Travel with Sue-Z** to supply my credit card to the appropriate vendors for processing.

\_\_\_\_\_  
Type of Credit Card:

American Express

Visa

Mastercard

Discover

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_ (4 digits on front of AX, 3 digits above sig line on other cards)

Amount: \_\_\_\_\_

Printed Name of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_