



**A&T Travel Consultants, LLC**  
your travel partner



## Credit Card Authorization Form

Please complete and fax this form to (202) 204-4853  
or email to: [attravelconsultants@yahoo.com](mailto:attravelconsultants@yahoo.com)

Amount Authorized:	Date:	Invoice/Receipt # (if applicable)
\$	Customer Name:	
Charge my card for the amount indicated above.	Company Name (if applicable)	
	Email Address (receipts will be sent to this address)	
	Notes/Payment For:	

### Credit Card Information (Please Enter Your Information As It Appears on The Card)

Card Type:	<input type="radio"/> MasterCard	<input type="radio"/> Visa	<input type="radio"/> AmExp	<input type="radio"/> Discover
First Name:	Last Name:			
Card Number:	Expiration Date: (MM/YY)			
3 or 4 Digit Code Required: (is using AmExp, 4 digit code is on the front of card)				
Card Holder Signature (card holder, please sign here) →				

### Billing Address (Please Enter Your Address It Appears on Your Credit Card Statement)

Street Address:		
City:	State:	Zip:

**Questions: Call: Tara (301) 449-3390 or Sonja (301) 420-4314**

**Email: [attravelconsultants@yahoo.com](mailto:attravelconsultants@yahoo.com)**

**web: [www.attravelconsultants.com](http://www.attravelconsultants.com)**