



Credit Card Authorization Form

Thank you for your room request. Please complete the information below. Completed form should be faxed to 814-467-7755 or emailed to TheTravelCompany@verizon.net.

Name as it appears on card: _____

Card Type: Visa MC AMEX DISCOVER

Credit Card Number: _____

Exp Date: _____

Code: _____

Billing Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

I certify that all information is correct and accurate. I hereby authorize The Travel Company to provide above listed card to hold my requested room to the hotel I have requested. I certify that I am the authorized signer of the credit card listed above.

Card Holder Name (Printed) _____

Card Holder Signature: _____