CREDIT CARD AUTHORIZATION FORM

I _____ (Name of card holder – Exactly as it appears on the card) hereby authorize Carrousel Travel to charge my credit card number indicated below for the amount of $_____. Furthermore, I certify that the information contained herein is correct and meets with cardholder's approval.

Card Holder Name: _____

Address line 1: _____

City, State, Zip: _____

Telephone: _____

Expiration Date: _____

Sec Code: _____

Card #: _____

This credit card is authorized for use when transacting business related to (Choose one):

☐ Card holder reservations only or ☐ Specific Items _____
(Enter Item Description or Invoice #)

_____
Signature of Cardholder

_____
Printed Name of Cardholder Date

Return completed form to: 612-866-9644 or jcamel@carrouseltravel.com