

Credit Card Authorization Form

I hereby authorize

First Name / Family Name

Travelwell LLC, Switzerland, to charge my credit card account for any travel related services that are arranged for me or my customers through **Travelwell** or at its request.

Credit card information:

Amexco Visa Master

Customer / Passanger Name / Number of Passenger

Credit Card Number

CWV2 / CVC2

Start of trip

End of trip

Country of trip (Start / End)

Expiration Date of CC

/

This authorisation is valid until 10 day after last day of trip!

Amount

Currency

CHF EUR US\$

Credit Card Billing Address

Firstname

Name

Address

City / State / ZIP Code

Country

Phone#

I warrant that I am the authorized cardholder for the credit card account indicated above, that funds are available and that I will perform the obligations set forth in the cardholders agreement with the credit card issuer.

Cardholder's Signature

Place

Date

dd mm yyyy

Identification is required. Please provide photostat copy / scann of the credit card and Drivers License or ID below:

Credit Card

Drivers License or ID

Our GTC apply – Transmission has to be done at least 45 days before start of trip! **Travelwell** will shredder this info, as soon as payment / amount has been credited to our account!

Please **fax** duly completed form to **Travelwell** in Switzerland: +41 44 299 32 11