Amity Travel
Leaders in Hajj & Umrah

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Credit Card Payment Authorization Form

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

1 PAYMENT DETAILS

AMOUNT (USD) $ | **CHARGE ON OR AFTER** MM/DD/YYYY | **TRAVEL DATE** if applicable

PAYMENT IS FOR (package, service or ticket)

TRAVELER NAME(S) (as on passport)

2 CARDHOLDER INFORMATION

CARDHOLDER FULL NAME (as shown on card) | **PHONE**

BILLING ADDRESS | **EMAIL**

CITY | **STATE** | **ZIP**

3 CARD DETAILS

CARD TYPE

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

CARD NUMBER | **EXPIRATION** MM/YY | **SECURITY CODE** 3 or 4 digits

Security code: 3 digits on the back of Visa, Mastercard and Discover; 4 digits on the front of American Express.

4 PLEASE INCLUDE WITH THIS FORM

- A copy of the credit card, front and back.
- A copy of the cardholder's photo ID.

5 AUTHORIZATION

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

CARDHOLDER SIGNATURE (sign in ink) | **PRINTED NAME** | **DATE** MM/DD/YYYY

Please print and sign in ink. Typed or electronic signatures are not accepted.

For office use: Processed by _____ Date _____ Auth. code _____ Last 4 _____