Credit Card Authorization Form

PASSENGER NAME: BOOKING #:

Type of Cards

Journey Pacific, LLC
12400 Stonebranch Way
Knoxville, TN 37922
Tel: (800) 704-7094
Fax: (865) 966-8915

CARD NUMBER:

EXP DATE (MM/YY):

Security #:_____(3 digit # on back of card; 4 digits for Amex on front of card)

CARD HOLDER'S BILLING NAME AND ADDRESS:

_____

_____

_____

_____

Telephone #:_____

AMOUNT

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I hereby certify that I am the above-name cardholder and authorize Journey Pacific, LLC and / or its associated partners to charge the above referenced credit card in the amount Indicated above for services rendered and / or goods delivered.

Authorized Signature: Date:

_____ _____