



CREDIT CARD AUTHORIZATION FORM



Exeter International Contact _____

Account Number: _____

Expiration Date: _____ Card Security Code: _____

Visa, MasterCard, Discover Security Code is 3 digits in the signature field on back of card

Amex Security Code is the four-digit code on front of card, right side

Card Holder: _____

Billing Address: _____

City, State, Zip: _____

Telephone: _____ Home Mobile

This form certifies that I am the above-referenced cardholder and that I authorize Exeter International to charge my credit card for the following payments:

My deposit in the amount of \$ _____ US Dollars. Please charge on the date of _____.

My remaining balance due or full payment in the amount of \$ _____ US Dollars and please charge this amount on the date of _____.

By signing below, I understand and acknowledge the charges in the amount listed above. I acknowledge payment in full is to be made when billed or in extended payment in accordance with the standard policy of the company issuing the credit card. I waive my right to dispute these charges.

I have read and understand the **Terms and Conditions** form issued by Exeter International and am aware that cancellation penalties apply to this reservation and payment.

Under the laws of the state of _____, I certify the foregoing is true and correct.

Card Holder Signature: _____

Printed Name: _____

Date: _____