



CROSSROADS INTERNATIONAL
MISSIONS TRAVEL

Credit Card Authorization Form / Statement of Understanding

I, _____ hereby authorize Crossroads Missions International Travel and it's agents to charge my credit card account number listed below for air and/or travel arrangements booked with Crossroads International Missions Travel.

Group/Passenger Name(s) _____

Airline _____ Destination _____

Description of Charge _____

Authorized Amount to Charge \$ _____

Credit Card Name _____
American Express, Visa, MasterCard, Discover, etc.

Credit Card Number _____, Exp Date _____

CVV /Security Code _____

Credit Card Billing Address _____

Cardholder Name _____
As it appears on credit card

Cardholder Telephone Numbers _____ -B, _____ -C/H

Cardholder Email Address _____

I/we are aware of any cancellation policies and agree not to dispute or attempt of chargeback any of the above acknowledged charges.

Signature of Cardholder

Date

IMPORTANT: PROVIDE A LEGIBLE FRONT/BACK COPY OF CREDIT CARD ALONG WITH THIS FORM AND COPY OF DRIVER'S LICENSE

**PLEASE SCAN AND SEND BY EMAIL TO: crossroadsmissions@comcast.net
OR FAX TO: 936-273-0066**

Thank You!

**CROSSROADS INTERNATIONAL MISSIONS TRAVEL
15 Hermit Thrush Place
The Woodlands, TX 77382
936-447-9494**