



World Missions Travel

CREDIT CARD PURCHASE AUTHORIZATION

(Please print or type)

Purchaser Name: _____

Cardholder Name: _____
(As it appears on credit card)

Billing Address: (Address that credit card statement is mailed to)

_____ Phone: _____

Type of Card: _____ Expiration Date: _____

Credit Card Number: _____

I authorize World Missions Travel to charge my account in the amount of: \$ _____

I agree to pay the aforementioned amount in accordance with my issuing bank agreement.

Card Holder

Signature: _____ Date: _____

List the full name, age and relationship to any other passenger or children traveling with you:

_____, _____

_____, _____

Please complete this form and fax or mail along with:

- A copy of the front and back of the credit card
- A copy of the card holder's passport or valid driver's license

Fax To: (972) 636-5141

or

Mail To: 915 East Union Bower Rd
Irving, TX 75061