

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	□ MasterCard	□VISA	□ Discover	□ AMEX
	□Other			
Cardholder Name (as shown on card):				
Card Number:				
Expiration Date (mm/yy):				
Cardholder ZIP Code (from credit card billing address):				
I,, authorize Havens Haven , Llc. to charge my credit card above for agreed upon purchases for travel itinerary (title)				
Customer Sig	gnature	Date		
\square I authorize my information to be saved on file for future transactions on my account*.				

*Please note: Once the credit card is charged, unless otherwise authorized this form will be destroyed and NOT kept on file.