

Gateway Express

TRAVEL SERVICES

7760 France Avenue South Edina, Minnesota 55435 952/831-3525 fax 952/831-0999

CARDHOLDER AUTHORIZATION FORM

I, _____ authorize Gateway Express Travel, Inc
to charge the amount of \$ _____ for the following services:

Visa MasterCard Amex Diners/Enroute Discover

Card # _____ exp date: _____

Name on card (*please print*): _____

Cardholder Signature: _____

Date: _____

Billing Address: _____

City/State/Prov: _____

Zip/Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

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

Cardholder initial

I/we have attached a legible copy of the back and front of the card to be used in lieu of a credit card imprint. If the charge detailed above is over \$5000 I/we have attached legible copy of photo ID in addition to the back and front of the card to be used.

Cardholder initial