



Cherry Picked TRAVEL

AUTHORISATION TO CHARGE A CREDIT CARD

COMPLETE ALL SECTIONS

CONFIDENTIAL WHEN COMPLETED

To: Cherry Picked Travel Pty Ltd

Date: ____/____/____

I, _____ authorise Cherry Picked Travel Pty Ltd to charge my credit card as payment for travel services and products, as per my itinerary and costings for the amount of _____.

Cardholder's contact number/s: _____

Address: _____

Credit Card Details

Card Type (tick box):

Visa Mastercard AMEX

Card Number: _____

Card Expiry Date: ____ / ____

Card Validation Code: ___ ___ ___ (Visa/Mastercard) ___ ___ ___ (AMEX)

(The last 3 digits of the number printed on the signature panel for Visa & Mastercard or 4 digits on front of card for AMEX)

Name as Displayed on Card: _____

Signature of Cardholder: _____

Please return form to:

Email - info@cherrypickedtravel.com.au

Mail - Cherry Picked Travel at PO Box 2471, Chermshire Centre QLD 4032

Fax - (07) 3102 9375.