

Caldwell Travel/Travel Leaders Geist

Credit Card Charge

Irrevocable promise of payment, charge statement

Date: ____ / ____ / ____

Customer Name: _____

Customer Address: _____

Customer City, State Zip: _____

Customer Phone #: _____ Travel Agent Name: _____

I Authorize Caldwell Travel to charge my DI SC AMEX MC VISA

Credit Card Number (last four digits only): _____

Up to the total amount of (US Dollars): \$ _____

Up to the total amount of (US Dollars) (written words): \$ _____

Card Expiration Date (MM/YYYY): _____ Card Start Date (if one listed): _____

Issuing Bank Name that appears on the front of the card: _____

Full Name as it appears on the card: _____

Card Billing Address: _____

Card Billing City, State Zip: _____

Card Holder Phone #: _____

I agree to pay the total amount according to the terms and conditions of Travel Leaders Geist/Caldwell Travel which can be found on the Agencies Website, which I have received, read and accepted in full with no exceptions. I am also responsible for all legal fees necessary for collection of the above amount.

X _____ (Signature)

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon agrees to perform the obligations set forth by the Cardholder's agreement with the issuer.

PLEASE SCAN/PHOTOGRAPH THEN EMAIL THE COMPLETED FORM TO YOUR AGENT.

If you have any questions contact your agent at:

CALDWELL TRAVEL - 317-885-9855

TRAVEL LEADERS GEIST 317 899-4477

In order to protect both Caldwell Travel and the cardholders from the high cost of fraud, Caldwell Travel may contact the cardholder and/or issuing bank for more information in an effort to protect against fraud.