Sign and complete this form to authorize LSM Destination Travel to make a one-time charge to your credit or debit card listed below.

By submitting this form, you give us permission to charge your account for the amount indicated on or after the indicated date.  This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize **LSM Destination Travel or it's vendor** to charge my credit card

(full name)

account indicated below for \_\_\_\_\_\_\_\_\_\_\_\_\_  on or after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  This payment is for

                                                        (amount)                                               (date)

travel and events planning services.

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                  Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                  Email   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Account Type:   Visa           MasterCard          AMEX       Discover  Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiration Date     \_\_\_\_\_\_\_\_\_\_\_\_  CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_\_ |

SIGNATURE                                                                       DATE

I authorize **LSM Destination** **Travel** to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**Name\***

**First Name Last Name**

**I authorize LSM Destination Travel to charge my card by said supplier confirmed via email.**

**Type of Reservation\***

****

**I authorize a payment in the amount of \_\_\_\_\_. (USD$)\***

****

**Please enter a value greater than or equal to 1.**

I agree to pay the entire balance of the reservation and any charge backs billed to LSM Destination Travel. if applicable.\*

** I agree**

I have been informed of the cancellations fees and accept the full payment terms of this reservation.\*

** I accept**