

ANDROMEDA CONSULTANTS

CREDIT CARD PAYMENT AUTHORIZATION

ACCOUNT NAME _____

CONTACT NAME _____

PHONE / EMAIL _____

CARDHOLDER NAME _____

CARD TYPE _____

C/C CARD NUMBER _____

EXPIRATION DATE ____/____ **SECURITY CODE** _____

ADDRESS _____

CITY, PROV/STATE _____

POSTAL CODE / ZIP _____

ITEMS TO BE PAID _____

SIGNATURE

DATE

ANY SPECIFIC INSTRUCTIONS?

- ☐ Flight
- ☐ Transfer
- ☐ Room Charge / ☐ Incidental / ☐ Parking

Please include front & back photo of credit card and driver's license.