



CREDIT CARD PAYMENT AUTHORIZATION FORM

Mr Mrs Ms First Name : _____ Last Name: _____

Date of birth: _____ Month: _____ Day: _____ Year: _____

Passport or ID no: _____ Issue date: m /d /y _____ In: _____

Travelling with : _____

Contact details

Billing Address: _____

City: _____ State: _____ Zip Code _____

Telephone: _____ Fax: _____ E-mail: _____

Travel arrangements provided by Impressa Club Ltd.

I wish to pay for the services below,

Ailine Tickets _____ Hotel Booking _____

Vacation Package _____ Cruise _____

Method of Payment

I wish to pay: By Visa or MasterCard By Amex Discovery

Credit card information

Name as stated on Card: _____

Card number: _____ Expiration date (MM/YY) _____

Amount to be deducted: _____

Bank Name : _____

Impressa Club Ltd. guarantees that this information will be used only for travel arrangement purposes of our agency and will be kept confidential.

Please read our company policy on www.impressaclub.com

Please complete relevant details by using your computer mouse / Tab button on the keyboard and save the document before sending via E-mail as an attachment or fax 718-376-1073

**PLEASE, ATTACH PHOTOCOPY OF CREDIT CARD (FRONT AND BACK)
DRIVER'S LICENSE
PHOTOCOPIES MUST BE LEGIBLE FOR ACCEPTANCE. NO EXCEPTIONS.**

I, (name)-----, have received all trip details and give full authorization to Impressa Club, Ltd to charge the above mentioned amount to my credit card as identified above and I shall not decline, reject or challenge such amount charged on my credit card for the requested services provided by Impressa Club, Ltd for the clients identified above. I understand that the amount charged to my credit card will originate and appear on my credit card or bank statement as "Impressa Club". I confirm the acceptance of all promotional, consulting, marketing and media services offered by Impressa Club in conjunction with above authorized charge.

By signing this letter I certify that a travel insurance was offered to me and I either accepted or declined the offer.

Extra Notes

(Any other comments you would like to share with us) _____ Signature: _____

2307 Coney Island Avenue, Brooklyn, New York 11223,

Phone: (718) 645-8578

Fax: (718) 376-1073, info@impressaclub.com, www.impressaclub.com

