Group/Corporate Travel Credit Card Authorization Form

Please complete all fields:

Credit Card Information Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ CVV Code: _____

Cardholder Credit Card Billing Address): _____

I _____ (cardholder) hereby authorize Unlimited Journeys Travel to retain my credit card on file and authorize the use of this card for the purposes of payment in full to secure all travel reservations for my corporate travel or group travel plans.

This authorization will remain standing until the expiration date on the card or by notifying Unlimited Journeys Travel at 925 832 2900 of my desire to revoke the authorization at any time.

_____ _____

Cardholder Signature Date