

Credit Card Authorization Sheet

Billing information: please provide the address where you receive your monthly bank statement for your card.

Name:					
Street Address:					
City:		State:		Zip code:	

Card information:

Name on the card				
Card Number		Card Type	Amex Visa Master Discover	
Date of Expiration		CVV code		

I, _____ hereby to authorize Oasis International Travel Corp to charge on the above card for an amount of _____

Signature: _____

Date: _____