

Credit Card Authorization Form



dba Hidden Door Travel Agency & POTHOS

If you are using a credit card to purchase travel or services, please complete, sign and return this form.

Date ____ / ____ / ____

Cardholder Name (name as it appears on the card) _____

Billing Address _____

City _____ State _____ Zip _____

Ph (H) _____ Ph (W) _____ Fax _____

Name of client if other than Cardholder _____

Credit Card Type (circle one): ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ OTHER _____

Credit Card Number _____ / CVV _____ Exp. Date _____

Description of Services Being Purchased _____

Amount: \$ _____

Notes: _____

I am a client of Eragon Holdings, Inc.. I authorize Eragon Holdings, Inc. to charge these purchases, as indicated above, to my credit card. Furthermore, I authorize Eragon Holdings, Inc. to obligate any travel supplier credit authorizations on my behalf, and intend such signature to bind me the same as if I had personally signed, and charge those purchase to my credit card account upon my instruction. I agree that I will pay for such purchases.

Electronic Signatures. The parties acknowledge and agree that this Authorization may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

Please print your name and sign below.

CARDHOLDER

Printed Name

Signature

Please return authorization form with copy of front and back of the credit card and identification of cardholder.