



## Credit Card Authorization Form

Fax: 623-321-1921

(Sections indicated with a \* are mandatory)

\* Card Holders Full Name: \_\_\_\_\_

\* Name (as it appears on card): \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Primary Contact # \_\_\_\_\_ \* E-mail: \_\_\_\_\_

Secondary Contact # \_\_\_\_\_ Fax # \_\_\_\_\_

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\* Drivers License # \_\_\_\_\_ \* State: \_\_\_\_\_ \* Expiration: \_\_\_\_\_

\* Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_ # of years employed \_\_\_\_\_

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\* Visa \_\_\_\_\_ \* Master Card \_\_\_\_\_

\* Credit Card # \_\_\_\_\_

\* Expiration Date: \_\_\_\_\_ \* CIC Code: \_\_\_\_\_ (3 numbers on back of card)

(Please indicate below what this charge will be for)

\* Charge Reservation Deposit: \_\_\_\_\_

\* Charge Remaining Balance: \_\_\_\_\_

\* Charge Full Rental Amount: \_\_\_\_\_

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\* In addition, I \_\_\_\_\_, with my signature as it appears on my credit card, authorize Going Places RV Rentals, Inc. to charge my credit card for any services, additional costs, damages, losses, price adjustments, security deposits and the rental rates related to my rental contract.

Should I not be present at the time the payment(s) is/are processed, I authorize Going Places RV to charge my card in my absence and without signing the processed receipt by using the information I have provided above.

\* Full Name: \_\_\_\_\_

\* Authorized Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_

4% processing fee will apply to all payments using a credit card service.

