

# SIGNATURE ON FILE

This letter authorizes **Crystal Lake Travel Agency, Inc.** and its agents to charge the card indicated below for travel and/or travel related services and fees. This letter will remain on file and in effect for use until written withdrawal is received by **Crystal Lake** **Travel Agency, Inc.** from the authorized cardholder.

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| --- | --- |
| Name As Shown on Card: | *Click or tap here to enter text.* |
| Card Number:Expiration Date:Security Code:  | *Click or tap here to enter text.**Click or tap here to enter text.**Click or tap here to enter text.* |
| Billing Address:City:State: Zip: | *Click or tap here to enter text.**Click or tap here to enter text.**Click or tap here to enter text.**Click or tap here to enter text.* |
| Card Hold Phone Number: | *Click or tap here to enter text.* |
| Travel Dates: | *Click or tap to enter a date.* ***-*** *Click or tap to enter a date.* |
| Travel Agent Name: | *Click or tap here to enter text.* |
| Today’s Date: | *Click or tap to enter a date.* |
| Authorized Electronic Signature | *Click or tap here to enter text.* |

**Please return this form to your agent via email**