



CREDIT CARD CHARGE AUTHORIZATION AGREEMENT

I, _____, the holder of (check one, please):

VISA ___ MasterCard ___ American Express ___ Discover ___

Card Number: _____ and expiration date

_____/____/_____ hereby authorize Endless Travel, LLC to charge the amount of \$ _____

representing a payment for _____.

I have read this entire agreement and understand that I will be held fully responsible for its terms and charges.

Cardholder: _____

CVV # (on back of card): _____

Signature: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone: (_____) _____

Date: ____/____/____

Please return this form by mail to:

Endless Travel, LLC
P.O. Box 1046
Mars, PA 16046

Or email to: pattiebishop@endlesstravelllc.com