



# All World Travel & Tours

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**CREDIT CARD AUTHORIZATION**  
**Forever and Friends & Family**  
**Complete and return this form**  
**DO NOT EMAIL THIS FORM**

Name(s) of Travelers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CREDIT CARD AUTHORIZATION:**

I hereby authorize ALL WORLD TRAVEL, INC. to charge to the below credit card the amount (payment + 3% credit card processing fee) of \$ \_\_\_\_\_ for travel arrangements made on behalf/for the above named passenger(s). (Payment \$ \_\_\_\_\_ + 3% \_\_\_\_\_ = \$ \_\_\_\_\_)

Credit Card Type (circle one):      Visa              MasterCard

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_/\_\_\_\_              \*CVV Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_              State: \_\_\_\_\_              Date of Birth: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Your Card Verification Value is found on the back of your Visa or MasterCard (three digits).*

Please fax or mail completed form to:     **Craig Logan**    **Fax – 972-332-8919**