Clark Travel
Credit/Debit Authorization Form

Please Complete all fields and email to your sales rep, or FAX to (512)352-7110

Card Informaiton

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

☐ Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ CVV: _____

Billing Address:

Street 1: _____

Street 2: _____

City: _____

State: _____

Zip: _____

Trip Info

Charter ID: _____

Movement ID: _____

Earliest Move Date: _____

☐ Multiple *(Select if "batch" payments)*

Amount to be Charged to card: $ _____

Circle one: Deposit Final Payment Keep on File Alcohol Deposit

I,_____ , authorize Clark Charters and Travel, Inc to charge my payment card listed on this form for the agreed services. I understand that if designated, Clark Travel will retain my information securely for future payments.

Printed Name _____

Authorized Signature _____ Date _____