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 Beneficiary: TopTrip
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**One Time Credit Card Payment
 Authorization Form**

Please return the compiled form by fax or scan it and send it via email.

Please complete the information below:

I _____ authorize **TopTrip®** to charge my credit card
 (full name)

account indicated below for _____€ on or after _____.
 (amount) (date)

This payment is for _____.
 (TopTrip Invoice ID)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard American Express
Cardholder Name _____
Card Number _____
Expiration Date _____ CVV2 (3 digit number on back of Visa/MC) _____

I authorize the above named business to charge the credit card indicated in this authorization form. This payment authorization is for the services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. Payment in full to be made when billed or in accordance with standard policy of card issuer. In case of bank canceling authorization **TopTrip®** has the right to cancel reserved services.

SIGNATURE _____

DATE _____