

# BRENDAN

*Taking You Personally*

FAX: (818) 772-6492 /ATTN: PAULA GROUP DEPARTMENT

21625 Prairie Street. \* Chatsworth, CA 91311  
PHONE: (800) 421-8446 FAX: (818) 772-6492

## CREDIT CARD HOLDER'S AUTHORIZATION

In lieu of my credit card imprint, I \_\_\_\_\_, hereby  
Cardholder Name as it appears on the credit card  
authorize Brendan to charge my credit card:

CREDIT CARD TYPE: ☐ American Express ☐ Visa/Master Card ☐ Discover  
ALL DIGITS OF CREDIT CARD NO: \_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_  
CVC#: \_\_\_\_\_

(CVC #: AX card: the 4 numbers on top of cc no.; VISA/MC & Discover card: the last 3 digits on the back of cc)

AMOUNT AUTHORIZED \$ \_\_\_\_\_ FOR PAYMENT OF TRAVEL FOR MYSELF AND: (if applicable)

If the cardholder is not the passenger traveling, please note relationship to passenger \_\_\_\_\_  
(this information must be provided for payment to be accepted)

BRENDAN RESERVATION #: \_\_\_\_\_  
DESTINATION: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Cardholder Phone: DAY: ( ) \_\_\_\_\_ EVENING: ( ) \_\_\_\_\_

By signing below, I acknowledge the full charges described hereon. Payment in full is to be made when billed in extended payments, in accordance with standard policy of the company issuing my credit card. I further acknowledge that the terms and conditions of the travel purchased, including penalties applicable if I or other passengers names above change, cancel, or interrupt the purchased program, have been advised to me in writing either through a copy of the brochure or Brendan website covering the program purchased or separately by the booking agent.

**This agreement shall be effective when signed below, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as an ink-signed original.**

I have been advised that Brendan Travel Protection Plan is recommended and has been \_\_\_\_\_ accepted/  
\_\_\_\_\_declined, (please check one).

CARDHOLDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**If you are paying for an unrelated third person, A READABLE COPY OF YOUR DRIVERS LICENSE MUST BE  
RETURNED WITH THIS COMPLETED FORM.**

Third party credit cards will only be accepted from immediate family members.