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**Credit Card Authorization Form**

The purpose of this credit card authorization form is to protect you, my valued client, from credit card fraud. All information on this form will be kept strictly confidential. Please complete and sign this form and return to My Times Travel. This form **MUST** be completed and returned before any credit card payments for travel on your behalf will be made.



**Please Circle Credit Card Type (Visa, M/C, AMEX Discover)**

I, \_\_\_\_\_, authorize My Times Travel, LLC the use of the following credit card to pay for travel (as listed below) on my behalf.

Name (as it appears on your card): \_\_\_\_\_

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

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Please charge the following travel expenditures to my credit card:

- \_\_\_\_ Deposit required to confirm reservation(s)
- \_\_\_\_ Monthly Payments
- \_\_\_\_ As Authorized (you will agree to contact My Times Travel prior to making payments)
- \_\_\_\_ Final Payment
- \_\_\_\_ Travel Insurance

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**For added security, complete all of your credit card numbers, except the last 4 digits, and you may email those digits in a separate email, etc.**  
**Note: This form will be discarded once vacation is paid in full or if we receive notification from the credit card's owner.**