

TRAVEL EDGE

Travel Edge USA Inc
DBA TRAVEL EDGE

333 City Blvd West Suite 1700, Orange CA 92868 714
540 7400 | 714 979 6040 Fax

CARDHOLDER AUTHORIZATION FORM

I, _____ authorize Travel Edge (USA) Inc. to charge the
amount of \$ _____ for the following services:

Cardholder Name: _____
Credit Card Number: _____
Expiry Date: _____
Cardholder Signature: _____

Billing Address: _____

City/State/Prov: _____

Zip/Postal Code: _____

Telephone: _____ Email: _____

I/we are aware of any cancellation policies and agree not to dispute or attempt to
Chargeback any of the above signed for and acknowledged charges

Cardholder initial

I/We have attached legible copy of the cardholder photo ID in addition to the back and
front of the credit card to be used.

Cardholder initial

Any questions regarding the above should be directed to:

Name: _____

Title: _____

Phone Number: _____

Email: _____

Signature of Authorized Representative