Ernestine 'Tina' Price Owner/Agent of TP Enterprise Express Travel Agency Post Office Box 944 Lusby, MD 20657

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Credit Card/Debit Authorization Form

l,	, hereby au	nthorize Ernestine "Tina" Price of TP
Enterprise Express Travel Agency/Supportive Vendor to charge my credit/debit card		
Card Number no		
Expiration date:	and your 3 or 4 security code	from the back or front of your card
in the amount of \$	for the following services:	
Please circle the type of card		
	Visa Master 0	Card
Name:		_ (Name on the Card)
Address:		_ (Billing address)
0.1	01.1	
City	State Zip	
Phone Number:		
Email:		
Acknowledgment of Payment Terms and Cancellation Policy I/We acknowledge and agree to the cancellation policies provided and understand that no disputes or chargebacks will be initiated for any of the charges agreed upon and signed for above. I/We further agree that all scheduled monthly payments are required. If a payment is missed, a late fee will be assessed for each missed payment.		
Cardholder's Signature:		
Date:	_	

All transactions funding is non-refundable & non-transferable l/we were offered Travel Insurance.