

CREDIT CARD AUTHORIZATION FORM

I hereby authorize JVE Group, Inc. (dba Single Parent Travel), or their assigns to charge my credit card as follows:

Billing Name:
Billing Address:
Billing Phone Number:
Credit Card Number:
Expiration Date:
CVC/CCV Code:
Amount:
This payment represents a deposit, installment, or final payment for the following services:
Trip Name:
Trip Dates:
Passenger Info: Please include full name including middle initial as show on ID and date of birth.
Pax 1 Full Legal Name, Date Of Birth:
Pax 2 Full Legal Name, Date Of Birth:
Pax 3 Full Legal Name, Date Of Birth:
Pax 4 Full Legal Name, Date Of Birth:
I understand that cancellation penalties may apply and they have been disclosed to me.