

Caldwell Travel

Credit Card Charge

Irrevocable promise of payment, charge statement

Date ____/____/____

Customer: _____

Address: _____

I authorize Caldwell Travel to charge my DS AX MC VI

Cc# _____ exp. Date: ____/____

Up to the total amount of (US Dollars): \$_____

I agree to pay the total amount according to the terms and conditions of Caldwell Travel which I have received, read and accepted in full with no exceptions. I am also responsible for all legal fees necessary for collection of the above amount.

X_____ (Signature)

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon agrees to perform the obligations set forth by the Cardholder's agreement with the issuer.

**PLEASE FAX THE COMPLETED FORM ALONG WITH COPY OF
FRONT AND BACK OF CREDIT CARD TO: 317-885-9873.
ANY QUESTIONS CALL 317-885-9855. THANK YOU!**