



6710 Laurel Bowie Lane; Suite 1226
Bowie, MD 20718

Credit Card Payment Authorization Form One-Time Payment

Sign and complete this form to authorize Inforno Travel Group to make a debit to your credit card listed below. Email the completed form to travel@infornogroup.com.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission to charge your card for the amount that you will list below, and does not provide authorization for any additional unrelated debits or credits to your account. If this is for a reoccurring payment, please email us on the date you would like additional funds debited, and specify the exact amount. We will then debit the account on file.

Please complete the information below:

I _____ authorize Inforno Travel Group to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)
_____.
(trip description)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
CVV	_____			

SIGNATURE _____ DATE _____

I authorize the Inforno Travel Group/Inforno Group, LLC to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the travel experience described above, and only for the amount indicated above, unless specified directly to Inforno Travel Group via email. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.