



Credit/Debit Card Authorization Form

(This form is to be used when physically taking Client's Credit Card/Debit Card for payment of purchases and must be fully executed prior to possession of credit card by Travel Redefined a division of LIFE REDEFINED LLC)

Client Name:		Travel Redefined Representative:		Date:	
Phone:	Work:	Cell:	Email:		
Employer/Company Name:		Street Address:		City, State, Zip:	
Home Address:		City/State:		Zip:	Occupation:
Telephone where you can be reached:			Expiration date of Authorization:		

I, _____ hereby authorize LIFE REDEFINED LLC. (hereinafter referred to as "TRAVEL REDEFINED ") and/or a designated representative of TRAVEL REDEFINED (hereinafter referred to as "IC") and give my express permission for TRAVEL REDEFINED and/or its IC to use the credit card/debit card presented (Card Type: Visa MasterCard Discover American Express Debit Card) for purchases made on my behalf. The presenter shall sign all credit card/debit receipts as follows:

" _____, by _____, personal assistant"

A copy of this Authorization shall be deemed acceptable and valid as if the original was presented.

ENTITY TO WHICH THIS AUTHORIZATION IS BEING PRESENTED FOR VERIFICATION:

You agree to require the presenter to provide & verify their identity with the specific identification listed below before accepting credit card/debit card for payment. Should verbal authorization be required to complete the transaction, you may contact me directly at the above number designated and must identify yourself fully.

Should you require a copy of this Authorization to accompany the credit card receipt copy, permission is hereby granted upon verbal agreement with the undersigned only. By retaining a copy of this Authorization, you agree and affirm this information is to be kept in the strictest confidence by your company, shall not be revealed or made available in any manner to any agent/representative of your company other than the manager. You further agree the copy retained by you shall accompany the credit card receipt copy to the credit card company and that no copy or information shall be retained in any manner by you. You further agree that should this information be revealed to anyone other than the credit card company, you and/or your company will be held responsible for any and all repercussions of this information being revealed and agree to compensate the credit card company, owner of the credit/debit card, and presenter for any and all damages that may be incurred, including but not limited to attorneys' fees, by the voluntary or involuntary release of this information.

This Authorization shall remain valid until the date set forth above or revoked in writing by the undersigned.

Client signature: _____ Date: _____
 Printed: _____

Identification of TRAVEL REDEFINED / IC Temporary Use of Credit Card/Debit Card

Name: _____
 Address: _____ Telephone Number: _____
 Form of Identification: _____

Signature of Presenter: _____ Date: _____
 By signing above, I certify that the information obtained within this Credit/Debit Card Information/Authorization will not be revealed to any other person under any circumstances other than LIFE REDEFINED LLC COMPANY and/or the authorized representative of TRAVEL REDEFINED COMPANY and shall remain confidential. I further certify that this information shall be destroyed at the expiration date listed above.

Credit Card/Debit Card Information/Authorization

(To be used for submitting credit card/debit card information without actual card)

Client Name:		TRAVEL REDEFINED Representative authorized for use:		Date:	
Phone:	Work:	Cell:	Email:		
Employer/Company Name:		Street Address:		City, State, Zip:	
Home Address:		City/State:		Zip:	Occupation:
Telephone where you can be reached:			Expiration date of Authorization:		
Card type: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Debit Card					
Card Number:			Name as appears on card:		
Expiration Date:		3 digit IVC Code on back of card:		Debit Card PIN:	
Address of billing statement:					

I, _____ hereby authorize LIFE REDEFINED LLC. (Hereinafter referred to as "TRAVEL REDEFINED") and/or a designated representative of TRAVEL REDEFINED (hereinafter referred to as "IC") and give my express permission for TRAVEL REDEFINED And/or its IC to provide the above information for purchases made on my behalf. The presenter shall sign all credit card/debit receipts as follows:

" _____, by _____, personal assistant"

ENTITY TO WHICH THIS AUTHORIZATION IS BEING PRESENTED FOR VERIFICATION:

You agree to require the presenter to provide & verify their identity with the specific identification listed below before accepting the above credit/debit card information. Should verbal authorization be required to complete the transaction, you may contact me directly at the above number designated and must identify yourself fully.

Should you require a copy of this Authorization to accompany the credit card receipt copy, permission is hereby granted upon verbal agreement with the undersigned only. By retaining a copy of this Authorization, you agree and affirm this information is to be kept in the strictest confidence by your company, shall not be revealed or made available in any manner to any agent/representative of your company other than the manager. You further agree the copy retained by you shall accompany the credit card receipt copy to the credit card company and that no copy or information shall be retained in any manner by you. You further agree that should this information be revealed to anyone other than the credit card company, you and/or your company will be held responsible for any and all repercussions of this information being revealed and agree to compensate the credit card company, owner of the credit/debit card, and presenter for any and all damages that may be incurred, including but not limited to attorneys' fees, by the voluntary or involuntary release of this information.

A copy of this Authorization shall be deemed acceptable and valid as if the original was presented. This Authorization shall remain valid until the date set forth above or revoked in writing by the undersigned.

Client signature: _____ Date: _____
Printed: _____

Identification of TRAVEL REDEFINED / IC Temporary Use of Credit Card/Debit Card

Name: _____

Address: _____ Telephone Number: _____

Form of Identification: _____

Signature of Presenter: _____ Date: _____

By signing above, I certify that the information obtained within this Credit/Debit Card Information/Authorization will not be revealed to any other person under any circumstances other than LIFE REDEFINED LLC. and/or the authorized representative of TRAVEL REDEFINED and shall remain confidential. I further certify that this information shall be destroyed at the expiration date listed above.

Credit Card/Debit Card Information

(To be used INTERNALLY by TRAVEL REDEFINED for submitting credit card/debit card
Information without actual card)

Client Name:		TRAVEL REDEFINED Representative authorized for use:		Date:	
Phone:		Work:		Cell:	
Employer/Company Name:		Street Address:		City, State, Zip:	
Home Address:			City/State:		Zip:
Telephone where you can be reached:			Expiration date of Authorization:		
Card type: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Debit Card					
Card Number:			Name as appears on card:		
Expiration Date:		3 digit IVC Code on back of card:		Debit Card PIN:	
Address of billing statement:					

For Internal Use Only:

The information contained above will not be revealed to any other person under any circumstances and shall remain confidential. I further certify that this information shall be destroyed at the expiration date listed above unless otherwise instructed by client.

Signature of representative obtaining information: _____ Date: _____