



TRAVEL CREDIT AUTHORIZATION FORM

Note: Please complete this form in its entirety to authorize Ruby Red Travel to charge your credit card for the required reservation deposits and expenses. If you are completing this Travel Authorization Form, you should have already completed our Contact Information Form. As both forms are needed. All completed forms should be returned to shiron@rubyredtravel.com. Thank you!

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Traveler's Full Nam (As it appears on yo							
Billing Address: (Associated with this card)		Street Address					
		City		State Zip Code			
Credit/Debit Card Type: (No third-party cards accepted)		An	nerican Express	Visa	Mastercard	Discove	
Credit/Debit Card N	Number:						
		Security Code		Expiration Code			
Zelle Account Information: (Email Address and/or Phone #)		Zelle En	nail Address				
(Email Address and)	for Frione #j	Zelle Ph (Ex. 9081	none Number .234567)				
I hereby authorize I	Ruby Red Travel to	charge the	above credit card f	or the followin	ng amount:		
Please be advised the receipt of this form travel agreement we	. All service fees a	are nonrefun	dable. Some depo			•	
Deposits:	Deposit Amount	it Amount:					
Service Fee:	\$50	\$75	\$100	\$150			
Travel Expens	es:						
Cardholder's Signat	ure:		Date Signed: (mm/dd/yyyy)				

FOR RUBY RED TRAVEL USE ONLY

COMMENTS & FORM APPROVAL DATE: