



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by emailing us at info@girlsvacationclub.com. This authorization will remain in effect until cancelled. All payments will be charged by Vanessa Addrienne Consulting, LLC and will be reflected as such on your card statement.

Credit Card Information

Card Type: MasterCard VISA Discover AMEX

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ CVV: _____

Billing Zip Code: _____

I authorize the following payment on this card:

- Monthly payment in the amount of \$_____ processed on the 1st or 15th monthly.
circle one
- Trip balance of \$_____ on _____.

I, _____, authorize Vanessa Addrienne Consulting, LLC, dba Girls Vacation Club, to charge my above credit card for agreed upon purchases. I understand that my information will be securely saved to file for future transactions on my account. If my card information should change I understand that I am responsible for providing an updated credit card authorization form prior to my next payment date. I understand that if my payment is not secured, due to new card information or lack of funds, that my trip is subject to cancellation based upon final due dates.

Signature

Date