

Credit Card Authorization Form



Please complete all fields. You may cancel this authorization at anytime by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information:

Card Type: **MasterCard** **Visa** **Discover** **AMEX**
 Other

Cardholder Name: _____

Card Number: _____

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

I, _____, hereby authorize Hidden Realm Adventures Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Please do not keep my information on file

Customer Signature

Date