

# Thomas J. Croke and Associates, Inc. ♦ FamilyLight<sup>sm</sup>

645 E. Pittsburgh Street, #334, Greensburg, PA 15601 Phone 724-216-6843 / Fax 775-890-0597

## CREDIT CARD AUTHORIZATION

The following authorizations apply to my \_\_\_\_\_ (type of card)

Account Number \_\_\_\_\_

Expiration date \_\_\_\_\_ CCV2 number \_\_\_\_\_

(Note: CCV2 is the last 3-4 digits on the back of the card in the signature area. For American Express cards substitute the 4-digit number above the account number on the front of the card.)

Name of card holder as it appears on this credit card: \_\_\_\_\_

Card holder's complete address as it appears on the billing statement:

\_\_\_\_\_  
\_\_\_\_\_

Phone number associated with the billing address \_\_\_\_\_

1. YES \_\_\_\_\_ or NO \_\_\_\_\_ I authorize Thomas J. Croke and Associates, Inc., of Greensburg, PA,

to charge the sum of USD\$ \_\_\_\_\_ to the credit card designated above

in order to purchase a ticket for Thomas Croke on \_\_\_\_\_ Airline

from \_\_\_\_\_ to \_\_\_\_\_ . And

return from \_\_\_\_\_ to \_\_\_\_\_ .

Dates of travel: \_\_\_\_\_ .

2. YES \_\_\_\_\_ or NO \_\_\_\_\_ I authorize Thomas J. Croke and Associates, Inc., of Greensburg, PA,

to charge the sum of USD\$ \_\_\_\_\_ to the credit card designated above.

Reason for charge \_\_\_\_\_ .

Signature of card holder \_\_\_\_\_ Date \_\_\_\_\_

- Please fax this completed and signed authorization to Thomas J. Croke & Associates, Inc., at Fax # 775-890-0597

- Receipts of the authorized charges will be sent to you for your records.

[Rev. 12-06]