

**Divine Explorers Travel, Inc.**  
**Kimberly Hall**  
**P.O. Box 318**  
**Savage, MD 20763**

[divineexplorers@yahoo.com](mailto:divineexplorers@yahoo.com)

888-284-1603 (Fax)

240-888-1845 (Cell)

**Credit Card Authorization Form**

I, \_\_\_\_\_, hereby authorize Kimberly Hall of Divine Explorers Travel Inc. to charge my credit card No. # \_\_\_\_\_ with expiration date: \_\_\_\_\_ and your 3 or 4 security code \_\_\_\_\_ from the back of your card in the amount of \$ \_\_\_\_\_ for the following services:

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

**Please circle a box:**



Name: \_\_\_\_\_ (Name on the Card)  
Address: \_\_\_\_\_ (Billing Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I am/we are aware of any cancellation policies and agree not to dispute or attempt to chargeback any of the above signed for and acknowledged charges.**

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Are you available to receive signature-required deliveries from 9am to 5pm on Monday-Saturday at this address? Please check one: YES  NO