

(To be filled out if credit card is not present)

PASSPORT EXPRESS

1107 Rio Grande

Austin, TX 78701

TEL: (512) 479-0805

FAX: (512) 477-1166

CREDIT CARD AUTHORIZATION FORM

I, _____, (print name) authorize Passport Express to charge my passport and/or visa fees to the following credit card:

Credit Card Type: ___ Visa ___ Mastercard ___ American Express ___ Discover.

Credit Card Number: _____

Expiration Date: _____ **CVV Code:** _____

Authorized name on the credit card: _____

Amount authorized: \$ _____

Billing address: _____

Phone number: _____

Signature: _____

**** Please include a copy of front & back of the card and a copy of Driver's License.**

Thank you,

Passport Express