CREDIT CARD AUTHORIZATION FORM

MWR Leisure Travel Services BLDG. 212 Ruf Ave Fort Novosel, AL 36362 334-255-2997/9517

https://webmail.apps.mil/mail/usarmy.novosel.imcom-fmwrc.mbx.dfmwr-mwr-central@army.mil

Name:					
Card Type:	VSMC_	AMEX	Exp. Date	Security Code	
Credit Card Number:					
Billing Address:					
City, State, Zip:					
Phone Number:		Email:			
Item (s) Purchasing:	QTY	Price	Total Amou	nt for Tickets/Hotel	
Tickets					
Hotel Quote Price-					
FED EX- Overnight Fees			\$ 10.00		
If the tickets require to be sent to the Customer					
be sent to the oustonier			\$		
Amount to Charge:			Т		
Please note that office will on directly to your email at no ch be charged.	narge, and all other tic	kets will be emailed	. Please include all otl	her fees in the amount to	
By signing this form, you					
amount listed above and will be a \$5.00 Service F		o purcnase ticke	ts. It tickets need	to be changed there	
Signature:	ee.		Date:		
Military I.D. is required for entrand	e to any attractions. I ha			Travel, and understand that the	Active Du
Retiree, 100% disabled Veteran					
BLOCK OUT DATES, and if there					
acknowledge any other stipulatior					
his promotional year will be upon					
nave verified any additional Active					
icketing agent. I am also I aware					
submitting this request, you certify					
100% DISABLED OR a current S OBTAIN GOVERNMENT SERVIO					
JP TO 20 YFARS Please Initial	JEON MIVILLULO UNDI	IN I ALOL FIXL I EING	,L, VITHOLLIO FUNIOLI/	UDEL DI LINEO VIND IINE VIOO	AINITEINI E

PLEASE BE ADVISED OF YOUR INSTALLATIONS TRAVEL BAND, THESE TICKETS ARE NON-REFUNDABLE