



Credit Card Authorization Form

By signing this form you give _____ permission to debit your debit/credit card account for the amount agreed upon on or after the indicated date. Your signature is required to complete your travel plans. Please read the cancellation/change penalties that may apply to changes or cancellations of your travel.

Please verify all legal names, birth dates, and ages of guests are correct. Please make sure it is the age of the guest at time of travel.

1. _____
2. _____
3. _____
4. _____

Total for the trip: \$ _____

MasterCard____ American Express____ Discover____ Visa____

Card Number: _____

Name on Card: _____

Expiration Date: _____ 3 Digit Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Work Number: _____

It is strongly recommended to purchase travel insurance. If you choose not to purchase travel or cancellation insurance, you understand you are liable for any cancellation penalties and out-of-pocket expenses incurred. You will also make your own provisions in the event of an emergency while traveling.

____ I hereby **accept** travel insurance coverage. I understand the trip cancellations and interruption details, terms and conditions that were provided or discussed with me.

____ I hereby **decline** travel insurance coverage. I understand the trip cancellation and interruption details, terms and conditions that were provided or discussed with me.

I acknowledge that all the information above is correct. By signing below I am giving authorization to **{Agent Name}** and or the supplier to charge my card for all charges listed above.

Customer Signature: _____ Date: _____