

Credit Card Authorization Form

Your completion of this authorization form helps us protect you, our valued customer, from credit card fraud. All information entered on this form will be kept strictly confidential in accordance with all applicable data laws. You must provide a clear copy of your, the cardholder's, state issued picture ID unless waived in writing by the agent or agency specified below. You must include the invoice or reference number provided to you by us. Please call us if you cannot provide both of these items.

Agent/Agency Name and Contact Information:

Name					
Address					
City		State		Zip	
Phone					
Email					

Cardholder's First and Last Name

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Cardholder's Billing Information (Must match your credit card and government issued ID)

Address					
City		State		Zip	
Phone					
Email					

Invoice/Reservation #		Departure Date	
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Click for drop down

Credit Card Type		Expire Month /Year	/
Last 4 of card		CVV	
Bank Name		Total Charge	

By completing this form, I, the individual identified by "Cardholder Name" above, authorize the agent or agency providing this form on this website or by email, or their authorized representative, to charge my credit card listed on this document for the travel related charges above. I understand all the terms and conditions of this booking and agree to the terms and conditions provided to me for this travel arrangement, including all cancellation policies. I understand and agree that travel arrangements may be subject to non-refundable cancellation penalties. I agree to carefully read all emailed communication between my agent and myself and note all restrictions that may apply. I further understand that as part of your travel services, you recommend that all travelers purchase some form of travel insurance to help protect their

travel investment. I, the above-named Cardholder or authorized representative, certify that the information provided on this form is true and correct. I am authorized to effect charges on the credit card number provided. I agree that in the event of a discrepancy to my credit card account, I will notify your agency's accounting department within seven (7) business days of receiving the credit card statement or immediately upon knowledge of such error.

Verbal Approval Authorization*

As the credit card holder, I extend this authorization to include purchases verbally approved by me for 90 days from today's date.

☐ As the credit card holder, I do NOT extend this authorization to include purchases verbally approved by me for 90 days from today's date.

Electronic Consent*

We use electronic documents to obtain consent and to notify you of important information regarding your transactions with us. Please check the box below to agree to electronic communications per our terms and conditions and privacy policies. Otherwise, please call us at the number at the top of the page.

I agree to Electronic Consent

Signature

Type Your First and Last Name