CREDIT CARD AUTHORIZATION

	TRAVEL INFORMATION	& AUTHORIZATION	
I,the agreed upon ar	, auth mount stated in the accepted proposal following travel ar		e my credits cards for
DESTINATION:	B	OOKING NO.:	
MAIN PASSENGER NAM	IE:	TRAVEL DATE:	:
	CARDHOLDER IN	FORMATION	
CARD HOLDER FULL NA	AME:		
CHECK ONE: VISA	M/C AMEX DISCOVER CARD	NUMBER:	
EXP DATE:	CVV:	SIGNATURE:	DATE:
Please acknowledge you have atto and back of your credit card when			
	BILLING INFO	RMATION	
BILLING ADDRESS:			
CITY:	STATE:	ZIP:	
	TRAVELINS	URANCE	
signature on this authorother travel supplier, and TRAVEL INSURANCE Was request. You can enroll and other coverage, or to DECLINE RECOMMITED Travel Documents	avel arrangements. To complete your trization is required. Charges are payable d/or independent Travel Advisor for specific for your protection, Travel Insuffer travel protection for Medical Expension arrange coverage for you based on the ENDED TRAVEL INSURANCE YOUR SIGN (tickets, vouchers, etc.) cannot be sent LINE THAT IS APPLICABLE (ONLY ONE)	e ONLY to the hotel, resort, tour ecified booking fees (if applicable trance is strongly recommended ses, Baggage Delays/Losses, trip in your needs. GNATURE ON THIS INSURANCE to you before receipt of the sign	operator, cruise line, le). d and available upon Delay or Cancellation,
I have ACCEPTED and insurance premium is CARD HOLDER SIGNA		, including travel insurance, and DATE:	I am aware the
the above travel arrange of cancellation of nonreaccording to the travel		d all cancellation charges and ch d to a full refund should my trave	nange fees related to el plans change. In case
CARD HOLDER SIGNA	IUKE.	DATE.	