

Credit Card Authorization Form

(All Fields Required - PLEASE PRINT LEGIBLY)

AGENT INFO

Agent Name: _____

Agent ID #: _____ Date: _____

CARDHOLDER AUTHORIZATION

I, _____ have authorized
(company) _____ to charge the amount of \$ _____
to my: **Visa** **MasterCard** **Discover** **American Express** for the following
services: _____

I have been informed of the cancellation policies for our travel services and have been
made aware of the benefits of travel protection. At this time I have decided to _____ Accept
_____ Decline or _____ Defer travel insurance at this time. (Please initial)

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

- Visa
- MasterCard
- AmEx
- Discover

Card Number

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Exp. Date

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CVV Number (required)

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VISA, MASTERCARD, DINERS & DISCOVER credit cards have a three-digit (CVV) number. It is printed in the signature panel on the back of the Visa, MasterCard and Discover cards. The verification number is the last 3 digits on the right side of the panel. **AMERICAN EXPRESS** credit cards have a 4 digit non-embossed number. It is printed above the account number on the front of your card. It may appear to the left or to the right, but it is always above your account number. **DEBIT CARDS** or if your card has no verification code, enter 0000 in the CVV/CID field.

Signature of Cardholder: _____ Date: _____

Authorization:

I hereby authorize _____ to charge the indicated credit card listed above for the travel services stated above. I guarantee and warrant that I am the legal cardholder for this credit card.

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CREDIT CARD AUTHORIZED TRANSACTIONS

Name: _____

Trip Summary (Destination): _____

Number of Passengers Traveling: _____

Special Notes: _____

Total Cost/Charges: _____

Initial Deposit: _____

Date: _____

Add'l amt paid: _____

Date: _____

Add'l amt paid: _____

Date: _____

Add'l amt paid: _____

Date: _____

Final payment: _____

Date: _____

Comments: _____
