

CREDIT CARD AUTHORIZATION FORM

PASSENGER (S): 1) _____ 2) _____
3) _____ 4) _____
5) _____ 6) _____

DESTINATION: _____

CREDIT CARD NUMBER: _____

EXP: _____

CCV NUMBER: _____



TRAVEL INSURANCE (Please circle)

ACCEPTED
(Additional charges)

DECLINED

TOTAL AMOUNT: _____

Name as it appears on the card: _____

I, _____ (Name) do hereby accept full responsibility for the above charges.

Tel: (Res) _____ (Office) _____

Fax: _____ EMAIL: _____

Credit card billing address: _____

Mailing address: _____

Signature of card holder: _____ DATE: _____

*** Please complete all sections and fax a copy of the credit card & driver license (Both sides)**

I authorize TRAVEL ARRANGERS INC. to sign any travel supplier credit card authorization on my behalf, and intend such signature to bind me the same as if I had personally signed, and charge those purchases to my credit card account. I will not charge back and waive any and all rights to charge back, cancel or dispute the charges. I agree to pay such purchases and will not hold TRAVEL ARRANGERS INC. responsible for any of its actions pursuant to this credit card authorization form. By signing this form, the cardholder has given TRAVEL ARRANGERS INC. full authorization to verify name, address and credit card number with the bank or credit card company. By signing this form, card holder acknowledges that this form is replacing credit card imprint form which card holder can't sign due to distance issues and requests credit card company to accept it in lieu of an imprinted form.