

Cardholder Authorization Form

CARDHOLDER AUTHORIZATION

Booking Number: _____

I, the credit card holder, authorize (supplier) _____ to charge the amounts listed on page two to my credit card for the following services:

Client Name(s) on Booking: _____

Trip Summary: _____

I have been informed of the supplier's cancellation policies for travel services and agree to the supplier's terms and conditions. I have been informed of the benefits of travel protection and understand if purchased, the premium is non-refundable.

At this time I have decided to: Agree Decline to purchase travel insurance. Initials of Client Booking: _____

By checking this box, you are acknowledging you requested _____ (Agency Name) to make one or more travel bookings on your behalf. As the worldwide COVID-19 coronavirus pandemic remains ongoing at this time, I acknowledge that for this reason, and other reasons not reasonably foreseeable at this time, these travel plans may be interrupted or cancelled by the supplier that is providing them, a government entity or other third party over which Agency has no control. I further acknowledge that the supplier's own cancellation, rebooking and refund policies, subject to any applicable law that is now or may later be in effect, will govern my rights and remedies, including my right to receive a refund, in such an event. Moreover, I understand that should I elect to purchase travel insurance, the terms of the policy will dictate whether, and to what extent, coverage for any financial loss may exist under the circumstances. In addition, you acknowledge that it is the responsibility of the traveler(s) to meet travel requirements for vaccination and/or testing for your trip. Further you understand that vaccination requirements can change at any time. By signing below, I hereby agree to hold this travel agency harmless and release it from any and all liability for any damages, including but not limited to monetary losses, I may incur as a result of such interruption or cancellation of these travel plans.

Cardholder Name (as listed on credit card): _____

- Visa
- MasterCard
- AmEx
- Discover

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____ Exp. Date: _____

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.

Signature of Cardholder

Date

Transaction Authorization Form

CREDIT CARD AUTHORIZED TRANSACTIONS

Client's Name: _____

Trip Summary (Destination): _____

Number of Passengers Traveling: _____

Special Notes: _____

Total Cost/Charges:

Initial Deposit: _____ Date: _____ Client's Initials: _____

Add'l Amt Paid: _____ Date: _____ Client's Initials: _____

Add'l Amt Paid: _____ Date: _____ Client's Initials: _____

Add'l Amt Paid: _____ Date: _____ Client's Initials: _____

Final Payment: _____ Date: _____ Client's Initials: _____

Comments: _____

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