

Credit Card Authorization Form

The Travel Advisor below is an Independent Travel Agent with Archer Travel. To complete your reservation(s) and confirm your arrangements, PLEASE review the Quote Proposals details, Terms and Conditions, Cancellation, and Refund Policy. To Authorize payment, please provide information and signature:

Advisor Name: Kynell DeRamus of Travelaholics Travel Advisor Phone: 562-480-6260

Advisor Email: Info@travelaholic.org

PAYMENT AUTHORIZATION:

*Please complete all fields. This authorization will remain in effect until the transaction is completed or cancelled in writing.

CREDIT CARD INFORMATION: (Check One)

AMERICAN EXPRESS MASTERCARD VISA DISCOVER

Card Holder Name: _____ Expiration Date: _____

Credit Card Number: _____ CVV: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

PAYMENT TYPE: Full Amount Deposit Amount Partial Amount Final Payment

CHARGE DATE: _____ AMOUNT TO BE CHARGED (USD) \$ _____

IF RECURRING, PROVIDE FREQUENCY: _____

Travel Arrangements (including trip name, destination, and other details): _____

Travel Dates: _____ Supplier(s) Name: _____

Traveler Name(s) (Please Print): _____

TRAVEL INSURANCE NOTIFICATION:

I ACCEPT and authorize the travel purchases above and request insurance quote for purchase.

OR

I accept and authorize the travel purchase, and I understand that by signing below, I am DECLINING TRAVEL INSURANCE. I have read and understand all cancellation changes and change fees relatd to the travel arrangements, and that I may not be entitled to a full refund should my travel plans change. In case of cancellation of non-refundable airline tickets or other arrangements, I agree to pay all applicable penalties according to the travel supplier's rules.

Cardholder Authorization:

I, _____, authorize the Independent Travel Advisor and or the designated travel supplier(s) to charge my credit card as indicated above. This form must be completed, signed, and returned to the Independent Travel Advisor before any payment is processed. All charges will be processed in U.S. Dollars (USD). I understand that this authorization will be saved on file and may be used for future transactions if recurring payments are requested.

Signature _____

Date ____/____/____

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