## CREDIT CARD AUTHORIZATION

## TRAVEL INFORMATION & AUTHORIZATION

I authorize Charting Chandlers and/or the travel supplier to charge my credit cards for the agreed-upon amount stated in the accepted proposal for the following travel arrangements:

DESTINATION:	BOOKING NO.:
MAIN PASSENGER NAME:	TRAVEL DATE:
	CARDHOLDER INFORMATION
CARD HOLDER FULL NAME:	
CHECK ONE: VISA M/C AMEX	DISCOVER LAST 4 DIGITS OF CARD NUMBER:
EXP DATE: CVV:	SIGNATURE: DATE:
Please acknowledge you have attached a legible copy for the fro and back of your credit card when returning this form.	Yes No
	BILLING INFORMATION
BILLING ADDRESS:	
CITY: STATE:	ZIP:
	TRAVEL INSURANCE
confirm the following travel arrangements. signature on this authorization is required. On their travel supplier, and/or independent To TRAVEL INSURANCE WAIVER For your properties. You can enroll for travel protection and other coverage, or I can arrange coveration.	URANCE YOUR SIGNATURE ON THIS INSURANCE WAIVER IS REQUIRED. etc.) cannot be sent to you before receipt of the signed insurance waiver.
I have <b>ACCEPTED</b> and authorized the trave insurance premium is not refundable.	el purchases above, including travel insurance, and I am aware the
CARD HOLDER SIGNATURE:	DATE:
<b>DECLINING TRAVEL INSURANCE</b> . I have re the above travel arrangements, and that I i	el purchases above, and I understand that by signing below, I am ead and understand all cancellation charges and change fees related to may not be entitled to a full refund should my travel plans change. In case kets or other arrangements, I agree to pay all applicable penalties