

Credit Card Authorization/Trip Acknowledgement Form

Booking/Confirmation #: _____

By signing this form, you give (vendor) _____ permission to debit your credit/debit card account for the amount of \$_____ on or after the indicated date. Your signature is required to complete your travel plans. Please read the cancellation/change penalties that may apply to changes or cancellations of your travel.

BILLING INFO

Cardholder Full Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____ Work Number: _____

Credit Card Number: _____ [] Visa [] MC [] Discover [] AmEx _____ Exp _____ CVW

PASSENGER INFO

#1 Full Legal Name: _____ #1 DOB: _____

#2 Full Legal Name: _____ #2 DOB: _____

#3 Full Legal Name: _____ #3 DOB: _____

#4 Full Legal Name: _____ #4 DOB: _____

- ◇ You have verified that all names are spelled correctly and that they are your legal names as listed on their Government issued ID (Passport/Drivers License).
- ◇ It is strongly recommended to purchase travel insurance. If you choose not to purchase travel or cancellation insurance, you understand you are liable for any cancellation penalties and out-of-pocket expenses incurred. You will also make your own provisions in the event of an emergency while traveling. **I understand the Trip Travel Ins premium is non-refundable.**
_____ I hereby accept travel insurance coverage. I understand the trip cancellations and interruption details, terms and conditions that were provided or discussed with me.
_____ I hereby decline travel insurance coverage. I understand the trip cancellation and interruption details, terms and conditions that were provided or discussed with me. I acknowledge that all the information above is correct.
- ◇ I hereby verify that I have reviewed my travel itinerary for accuracy. Dates, flights, etc. I have been advised of all applicable fees imposed by my agent and the suppliers as well as any scheduled fees that may be required if this booking is cancelled or changed.
- ◇ My agent offers retail travel service to customer, which are provided by separate and independent vendors of travel services. They do not operate, control, or otherwise provide the services of the independent travel vendors. I agree and understand that my agent is not responsible for an operating failures, loss, damage, delay, or injury to me or members of my travelling party, nor for consequential damages, which may result from failure, delays, or injuries, which arise out of or during the scheduled travel. I agree and understand that my agent is not responsible for any damages, direct or consequential, which may arise as a result of acts of God, social or labor unrest, war, political or national strike, terrorist activities, mechanical failures, climatic conditions, or any other actions or commissions beyond the control of (agent name) _____.

By signing below, I am giving authorization to charge my card for all charges listed above. **I have been informed of the cancellation policies for our travel services and have been made aware of the benefits of travel protection.**

Customer Signature: _____ Date: _____

Please attach a copy of your credit card front and back and a copy of your drivers license. This form is for your own record keeping. It is not necessary to send this form to Levarté Travel corporate office.