



Credit Card Authorization Form

Return by Fax or E-mail with copy Credit Card and Driver's License

Fax: 240-554-2259

E-mail: info@claireskiestravel.com

CARDHOLDER BILLING INFORMATION

NAME EXACTLY as on card

Cardholder must be one of the passengers traveling

CREDIT CARD NUMBER

CARD EXPIRATION & CCV

Exp:

Card CCV:

STATEMENT BILLING ADDRESS

BILLING PHONE #

(including area code)

RESERVATION DETAILS

TRAVEL AGENCY

BOOKING# or GROUP NAME

DESTINATION

HOTEL or SHIP NAME

DEPART DATE

RETURN DATE

TRAVEL INSURANCE

Decline

Accept

I understand that change & cancellation fees apply

NAMES OF ALL TRAVELERS
for whom this payment is made

PAYMENT

DEPOSIT

US\$

TO BE CHARGED NOW

PURCHASE TRIP INSURANCE

US\$

(pay with initial trip deposit for full coverage eligibility)

BALANCE

US\$

AUTOMATICALLY CHARGE BALANCE ON FINAL PAYMENT DUE DATE

ITINERARY ACCEPTED. By signing below, I acknowledge that I have read and understood the change, cancellation, and other important information that apply to my confirmed reservation. I authorize Claire Skies Travel & the tour operator or cruise line named on my Confirmation Invoice/Itinerary to charge my credit card on behalf of the associated suppliers for the charges detailed. If Airline reservations are included in my travel, I understand that total billing may be split between the airline(s) and the tour operator or cruise line merchant. I agree to make payment for the above charges when billed by my credit card issuing company.

CARDHOLDER SIGNATURE _____ DATE _____